



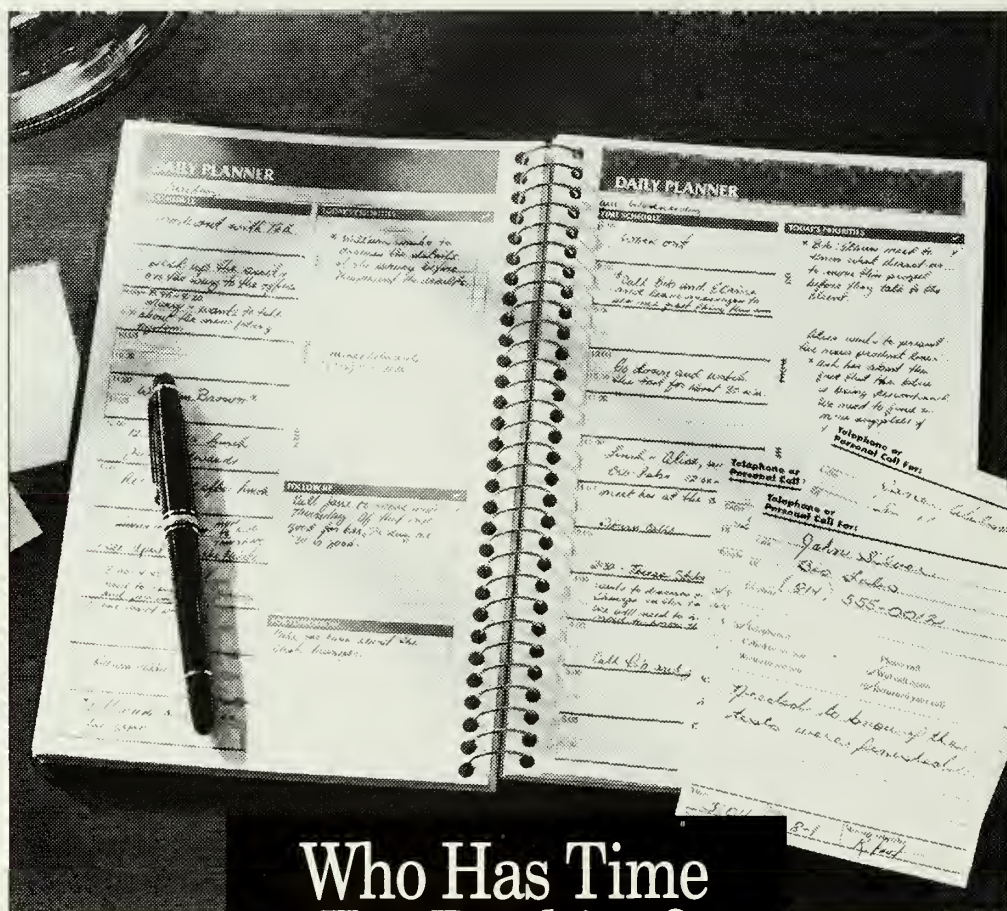
Today

Volume 24, Number 4

Summer 1996



In
Good
Hands



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Today

Volume 24, Number 4

Summer 1996

Introduction

Can you imagine going through life without thumbs—unable to fasten a button, thread a needle or grasp a pen? A little boy is just beginning to appreciate the newfound freedom and abilities he's discovered since the MCG Hand Clinic fashioned a set of thumbs to overcome his congenital defect. He's even learned to open the cookie jar, a feat that leaves his foster mother awe-struck.

Creating thumbs is only one of the many techniques used by the Hand Clinic to craft or restore hand function. We're betting that you'll never again take for granted the body's most intricate tool after reading about the Hand Clinic in this edition of *Medical College of Georgia Today*.

Also in this edition, meet a family sure to touch your heart—two daughters who have devoted their lives to caring for an Alzheimer's-stricken father who no longer even recognizes them. A nurse researcher at MCG is exploring ways to reach out to the growing number of people caring for loved ones with Alzheimer's disease.

We also address another devastating disease in this edition. MCG School of Medicine alumnus Daniel Nixon is researching the link between high-fat diets and certain forms of cancer. The good news? Individuals seem to have much more control over many aspects of their health than previously believed. You just might rethink your eating habits after reading about Dr. Nixon's research.

On a lighter note, don't miss the Homecoming photographs that illustrate this edition of *AlumNews*, the magazine's insert. The event seems to get more fun and festive every year, as the pictures attest. We hope you were here to enjoy it in person. If not, there's always next year. ■

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In Good Hands

hand \ˈhænd\ n.

1 a (1) The terminal part of the vertebrate forelimb when modified (as in humans) as a grasping organ.

The definition doesn't tell you very much, does it? Let me try again. The hand: a thumb, four fingers, a palm, a fist. Nothing in these words suggests what the hand means to human beings, as a species or as individuals. And nothing in them can tell us what it means to us when the hand is diseased, injured or malformed.

"The hand helps define what is human," remarks Dr. Nazir Bhatti, Director of the Hand Clinic at the Medical College of Georgia, who has been treating the hand for more than 25 years. "Evolutionary scientists debate whether it was the growth in the size of the human brain that led to our upright posture, thus freeing our hands to find, make and use tools, or whether we became upright first and our brains grew in response to the increasing use of our hands for ever more complex tasks."

Whatever the case, from the moment the earliest human used his hand to pick up a rock and throw it at the next meal to the age of computers, the manmade world has been a handmade world. There seems to be no end to the capabilities of the

hand. No other human organ is so versatile. The same hand that throws a ball, strums a guitar and repairs a watch can check the temperature of a baby's bath water and tell the difference between silk and cotton. No other organ is so capable of taking over the functions of other organs when they are lost. Deaf people talk with their hands, blind people read with their hands. And, as they know very well at the MCG Hand Clinic, it takes the hand to repair the hand.



Wednesday is clinic day for the hand service at the Medical College of Georgia. In the large casting room of the Orthopedics Clinic, Dr. Bhatti is in serious negotiation with Dexter Holmes. "Let me see your hands," says Dr. Bhatti, "and we'll have our picture taken together."

"No!" shouts Dexter, clenching his hands into fists and giving a roar like his hero, The Lion King.

It looks like no deal, but Dr. Bhatti is a seasoned negotiator. He offers to buy Dexter a chocolate bar and in a second the 4-year-old's small hands are resting in his large ones.

As Dexter takes hold of Dr. Bhatti's pen to draw an outline of his own hand, it's easy to see that he has only three fingers on his right hand. What you can't



tell now is that Dexter was born with no thumbs.

Sheridan Cummings, who has been Dexter's foster mother since he was 2 days old, soon realized that Dexter must have corrective surgery. "Dexter couldn't grasp things," she says. "He couldn't hold a bottle and I knew that he wouldn't be able to unscrew the lid from a jar."

"Without the thumb," says Dr. Bhatti, "the hand loses 50 percent of its function. A person without a thumb cannot turn a key, hold a needle or hammer a nail."

Fortunately, Dexter had all four fingers on both of his hands, which made his problem relatively easy to solve. In a surgical procedure called pollicization, Dr. Bhatti took Dexter's index fingers and made them into thumbs.

To do this, Dr. Bhatti cut Dexter's index finger away from his middle finger, freeing the tendons, muscles, blood vessels and nerves so that they could function separately from the other fingers. He also removed the middle bone of the index finger because the thumb has only

two. He then used skin grafts to create a web between the new thumb and the middle finger.

Dexter got his left thumb for Christmas when he was 2 years old.

"He was so amazed," says Ms. Cummings. "He kept looking at his new thumb. He would point to it all the time, and I would touch it and kiss it. He would point to another child and say, 'Look, Mama, he got a thumb. I got a thumb, too.'"

After the surgery, Dr. Bhatti watched carefully to see how Dexter's new left thumb worked. Ms. Cummings took Dexter to see MCG occupational therapist Cheryl Priessman and did hand exercises with him at home. When Dr. Bhatti was sure everything was going to be all right, Dexter got his right thumb—the day after his third birthday.

After giving Dexter some change for his chocolate bar, Dr. Bhatti walks out to the clinic. He confers briefly with Dr. Glenn Lyle, Associate Director

of the Hand Clinic, about the schedule, which is busy as usual.

On clinic day, the Hand Clinic sees between 60 and 70 patients. Children—victims of congenital abnormalities or playground accidents—mix with adults complaining of arthritis, trigger finger, sprained wrist, tennis elbow, carpal tunnel syndrome or simply unexplained discomfort. And these patients with apparently simple problems mingle with others recovering from compound fractures, third-degree burns, gunshot wounds and the occasional replantation—the reattachment of a finger, hand or arm that has been traumatically amputated or torn away.

A small room furnished with chairs, a table and a telephone serves as the base of operations for Dr. Bhatti, Dr. Lyle and MCG residents doing hand service rotations. Here informal consultations take place in front of a constantly shifting array of black-and-white images, X-rays of broken bones repaired with what looks like everyday hardware—pins, screws,

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wire. One woman's elbow looks like it's held together by a giant paper clip.

It is soon clear to the casual observer that the things that can go wrong with the hand are numerous and as complex as the hand itself.

"There are myriad causes of disease in the hand, ranging from minor to catastrophic," says Dr. Bhatti. "Like the best machines, the hand looks simple and appears to work simply, so we don't think of its complexity until it's injured."

Dr. Bhatti is quick to point out that the Hand Clinic is really for the whole upper extremity and treats all injuries, diseases and congenital deformities of the arm as well as major nerve injuries around the neck.

The hand needs the arm. Without the forearm to turn the hand, handshakes would be different. Without the elbow's ability to bend, carpenters would be out of luck. And without the arm to raise the hand above the head, there would be no ballet and no NBA. An injury to the wrist, forearm or upper arm can rob the hand of strength even if it doesn't seem to affect the hand's mobility.

Although Dr. Bhatti does other kinds of surgery, he has a special feeling for the hand. He is intrigued by the hand's intri-

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cate structure and by the complex challenges offered by the repair and rehabilitation of the injured or diseased hand. "Although the repair of the hand relies on the basic techniques of surgery, there is an artistic dimension to treating the hand."

Dr. Jerrold Buckaloo, chief resident at the Hand Clinic, agrees. "Hand surgeons are attracted by the hand's delicate construction, the fine instruments needed to repair it and the vital part the hand plays in people's lives."

The hand is so complex and subtle in its structure and abilities that little things can affect its function. Cutting your nails short, for instance, will interfere with your ability to pick up fine things like needles, observes Dr. Bhatti. How a hand injury affects your functioning depends to a large extent on what you do with your hands. Dr. Bhatti notes that he could lose his entire right index finger and still perform microvascular surgery, but a pianist who loses the feeling in the tip of the same finger would be disabled for playing the piano.

"The difficulties in rehabilitation of the hand spring from the fact that each individual has unique requirements from his or her hands," says Dr. Bhatti. "In deciding whether to do reconstructive surgery, we must consider the patient's life and plans. Surgery may not be a good idea if the gain in function will not be enough to improve the patient's quality of life and ability to accomplish the tasks that he or she wants to accomplish."

"For example, older women frequently develop arthritis of the carpometacarpal joint at the base of the thumb. We can replace that joint. However, if the same problem were to occur in a lumberjack, we might decide to fuse the joint because an artificial joint would wear out. We must ask what is the maximum possible rehabilitation obtainable with surgery and therapy. What is appropriate for this patient? What will he or she use the reconstructed hand for?"

In Dexter's case, the loss of a finger was more than made up for by the gain of a thumb. There is a hierarchy of motions in the hand, observes Dr. Bhatti. And most of these motions depend on the opposability of the thumb—the ability of the hand to bring the tip of the thumb against the tip of each finger. A hand without a thumb lacks most of its strength and much of its dexterity. However, you don't need a full fist for most of the functions of life. With just the thumb, index finger and middle finger, you can hold a hammer or a pencil, throw a baseball, play the drums and sew on a button.

The kind of remodeling that Dr. Bhatti

did with Dexter's hand is a good example of the kinds of things being done in hand surgery today. It is not uncommon for hand surgeons to reconstruct hands that have been damaged by disease or trauma or that got off to a bad start during fetal development. Making thumbs, repairing torn tendons and reattaching severed fingers and hands—all this is made possible by a state-of-the-art surgical technique called microsurgery, by intensive therapy and by the incredible adaptability of the hand itself.

In microsurgery, microscopes and specially designed instruments allow the surgeon to manipulate the ultra-fine nerves, blood vessels and tendon fibers that are concentrated in the hand. Some suture thread used in microsurgery is only 1/5,000 of an inch wide. You need a microscope to see it. Microsurgery is used to repair blood vessels only 1 millimeter wide as well as nerve and muscles fibers that are even smaller.

Although microsurgery has become a routine part of the treatment for hand problems, it is also applied in a particularly dramatic context—the replantation of severed fingers, hands and arms. In 1981, Dr. Bhatti was involved (along with Dr. Kenna Given, Chief of the MCG Section of Plastic and Reconstructive Surgery) in one of the first replantations in the Southeast when he helped to reattach a child's arm. And today MCG is the site of most replantation surgery in the state.

Dr. Umesh Baghia, orthopedic surgery resident with the Hand Clinic, still remembers the first time he saw microsurgery used in replantation. A man came to the emergency room, bringing his index finger in a small plastic bag. While using a table saw, he had completely severed his first two fingers and cut his thumb so it was hanging by a small flap of skin. His middle finger was lost in his workshop.

Dr. Baghia's theoretical knowledge of replantation didn't prepare him for the complexity of the procedure he witnessed. "As you watch the finer details of the replant, the delicate nature of these things strikes you," says Dr. Baghia. "You can't just put it back. You must dissect out ends of the nerves and blood vessels the diameter of a pin or paper clip. You must stitch the blood vessels together so the lumen [the hollow cavity through which the blood flows] stays open. You must do this with each artery and vein."

"When you repair the nerve, you must put the fibers back in the right rotation. The fibrils must match correctly and they

can't be under tension if the nerve is to function again. You must trace cut tendons back and match them up and reattach them in the correct rotation. The goal is a smooth cylindrical structure that can glide back and forth freely."

"You must be very gentle with the tissues," Dr. Baghia stresses. "If you aren't, finger motion will be limited and there will be more scarring that will further interfere with functioning. With the naked eye, you might think you're doing OK, but with the microscope you can see the fine structures and realize that you are causing new damage as you repair the present damage."

The man Dr. Baghia saw healed well and was very compliant in therapy. His recovery was so complete that although his thumb and index finger were a little stiff, his hand was functional enough for him to go back to woodworking. It was so functional, in fact, that a year later, he cut his other hand with the same table saw. Although the man did not amputate any fingers this time, the attending physician insisted that the family get rid of the table saw before he would release him from the hospital.

Its complex anatomy and function and its diverse problems put the hand on the borderline of two medical specialties—orthopedics and plastic surgery. Dr. Bhatti trained as an orthopedic surgeon; Dr. Lyle is a plastic surgeon. The two work closely together, a situation that is relatively new at MCG and still uncommon in the rest of the country. The orthopedics and plastic surgery sections at most hospitals run separate hand services, often with little collaboration between them.

Two years ago Dr. Given and Dr. Monroe Levine, Chief of the Section of Orthopedics, decided to combine their sections' separate hand services into a single hand and upper-extremity service.

"It was good for the educational process to combine forces," says Dr. Bhatti. "Plastic surgery and orthopedics have complementary expertise. Plastic surgeons specialize in microvascular surgery and soft tissue transfer while orthopedic surgeons are attuned to the overall reconstruction of the upper extremity. But a good hand surgeon should do it all."

Dr. Lyle agrees. "A close working relationship between the plastic surgery and orthopedic surgery sections is good for the training of the residents. They get to see a wider variety of patients and share in more clinical material. And the two specialties working together where they have common ground is only going to benefit the patient."



Cooperation between orthopedic and plastic surgeons is particularly effective in treating traumatic injuries, notes Dr. Lyle. With gunshot wounds, for example, a large amount of skin and muscle tissue may be destroyed and the bone exposed and damaged. Although the bone may be reconstructed using plates, pins, screws and wire—the typical hardware of orthopedic surgery—exposed bone cannot heal. This is where the technique of free tissue transfer, or free flap, comes in.

Free tissue transfer is a microsurgical technique that uses tissue from one part of the body to replace tissue lost in another part of the body. The tissue is removed along with the blood vessels and sometimes the nerves that supply it. When the tissue is transferred, the blood vessels and nerves are connected to the circulation and nerve supply at the graft site. Muscle tissue can be taken from the abdomen, lower back or other sites and grafted to the forearm. The replanted muscle tissue takes over the function of the lost muscle at the transfer site. Although the muscle replacement will not function as well as the lost tissue, it will have movement and feeling.

Dr. Lyle recently used a free-flap technique known as limb salvage to reconstruct the forearm of a man who had been accidentally shot with a shot gun at close range. The injury destroyed a large part of the muscle tissue, breaking the bone and exposing it to the open air. Although it was possible to repair the fracture, there was not enough muscle and skin tissue remaining to cover the bone. Dr. Lyle transplanted part of the man's rectus abdominus muscle to the area, providing the coverage necessary for the bone to heal. Not so long ago, doctors would have had to amputate this man's arm because the tissue covering the bone had been destroyed.

In another free-flap operation, Dr. Lyle used part of the

fibula, one of two bones in the lower leg, to replace part of the humerus, the bone of the upper arm. Dr. Lyle opened the lower leg and after detaching the muscles, removed about 6 inches of the mid-part of the fibula along with the blood vessels that supply the bone. The bone was then replanted in the upper arm and the accompanying blood vessels attached to the blood supply of the arm. The upper and lower portions of the fibula were left in place to provide support to the knee and ankle. The "mined" leg has mostly normal function, while the transplanted fibula now serves as a humerus. Dr. Lyle has applied a similar procedure to the forearm.

"With microsurgery we can do things that were unthinkable 20 years ago," says Dr. Lyle.

However, surgery is not the whole answer to hand problems. Extensive therapy for the hand is almost always necessary after reconstructive surgery and is often necessary before it.

"One great thing about the Hand Clinic," says occupational therapist Cheryl Priessman, "is the way the physicians cooperate with the occupational therapist to get the patient functioning again. The physician and therapist sit down together with the patient, go through the problems, explain what's been done, what kind of therapy is needed and what the patient needs to do in order to have the best recovery."

Ms. Priessman spends most Wednesdays making splints for patients of the Hand Clinic. She gave Dexter Holmes his first set of splints when he was only 3 weeks old. Not only was Dexter born thumbless, his hands were turned inward toward his chest. Before Dr. Bhatti could make Dexter's thumbs, the position of his hands had to be changed. And this is where the splints came in.

Splints are a mainstay of therapy for the healing hand

and arm. They provide shape and support to injured or surgically repaired tissues and help preserve the flexibility of immobilized joints. They're also used to train muscle and bone to work in different positions. Splints on Dexter's tiny hands helped the muscles and bones grow into a normal position before his operations and kept them growing in the right direction afterward.

"Dexter knew his hands were different when he was still very small," said Ms. Cummings. "When we'd take Dexter to the mall, he'd be wearing his little splints and people would come up and ask us what had happened to him. And I would explain about his hands."

Most splints are custom-made. They have to be formed to fit the patient's changing needs. A hand patient who has extensive surgery may have to wear several different splints over the course of treatment. "I enjoy making splints," says Ms. Priessman. "It's creative. You invent something new every time."

When Ms. Priessman isn't making splints, you can find her at MCG Rehabilitation Services surrounded by the tools of her profession—splints, heat packs, towels, whirlpool machines, a small vat of liquid paraffin, cabinets filled with towels, exercise machines and computers.

A prominent feature of the treatment area is a large computerized work simulator, which uses attachments to copy the kinds of tasks found in work activities. The Hand Clinic does a lot with work-related injuries.

"In the mechanized world we live in, the hand is more prone to injury than in a non-mechanized society," says Dr. Bhatti. "The more things are mechanized, the more hands are used."

"The Hand Clinic helps the patient prepare for return to work both physically and emotionally," notes Ms. Priessman. "This makes the transition easier."

"The occupational therapist analyzes the patient's job to see what he did with his hands and how often he performs a certain movement or activity using the hand," she says.

Patients use the work simulator to practice a wide variety of motions, including turning a crank, using a screw driver or flipping a switch. As they do, they exercise the different muscles of the hand and arm. Ms. Priessman also uses the machine to measure the strength, mobility and quickness of patients' recovering hands and arms.

Ms. Priessman's main tool for treating patients, however, is her own hands. With them she stretches tight muscles, exer-

cises stiff joints, massages scar tissue to prevent it from causing permanent contraction in the muscle and tests the strength, mobility and sensory abilities of the recovering hand and arm. She also shows patients how to do the exercises so necessary for proper healing.

Patients with traumatized hands and arms that have been repaired in surgery are often afraid to use them or even have them touched. One of Ms. Priessman's first tasks is to get patients used to the idea that they can use their injured hands and that, in fact they must in order to get better. Injured tissues need rest, but they also need to be exercised as soon as possible after repair to achieve the maximum restoration of function.

After a couple of months of therapy, patients

who couldn't bear the slightest touch at first are trying to beat their own records on the work simulator.

"Without the tremendous ability of the mind and body to adapt to circumstances, hand surgery would not be possible," says Dr. Bhatti.

Dexter Holmes proves this every day, as do dozens of other people who come to the MCG Hand Clinic.

Today Dexter, born with no thumbs, uses his handmade ones like any 4-year-old would. He loves to play Hot Wheels and sing songs that have finger plays to go with them.

"It looks like Dex is going to be right-handed," says Mrs. Cummings. "Before his operations, we couldn't tell. He's also done something I thought he'd never do. He's managed to get lid off the cookie jar."

—SUSAN YARBOROUGH

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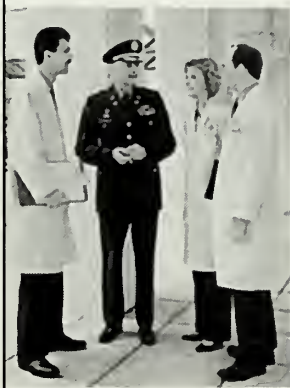
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THE FAT G**



There's just the slightest trace of wistfulness in Clare Howard's voice as she reminisces about the good old days. "Let's see: lots of cakes, pies, cookies...." she says, ticking off

what once was the mainstay of her diet. "For breakfast, I had cheese on toast."

But she learned last year that the good old days weren't so hot after all. Whatever pleasure she derived from her fat-laden diet was overshadowed by the price her body paid. At age 64, she carried 180 pounds on her 5-foot, 2-inch frame and was diagnosed with breast cancer.

"I had no idea I was doing so much damage to myself," she says softly.

A lumpectomy performed in June 1995 eliminated her tumor. But Ms. Howard innately sensed that surgery was only part of the answer. She knew she had to change her life.

Dr. Daniel W. Nixon, a 1969 graduate of the Medical College of Georgia, has spent much of his professional life researching the link between lifestyle—specifically diet—and some forms of cancer. His findings are verifying Ms. Howard's hunch: lifestyle not only plays a crucial role in some cancers, but seems to influence the course of those cancers once they have begun.

Dr. Nixon, Folk Professor of Experimental Oncology and Director of Cancer Prevention and Control at the Medical University of South Carolina's Hollings Cancer Center in Charleston, recently wrote a book detailing the findings of more than 20 years of clinical research. The book, *The Cancer Recovery Eating Plan: The Right Foods to Help Fuel Your Recovery* (Times Books, 1994) is currently being published in paperback.

Dr. Nixon, who performed clinical cancer research for some 15 years at Emory University School of Medicine in Atlanta and the National Cancer Institute in Bethesda, Md., before joining the Hollings Cancer Center, has helped establish a link between high-fat diets and prostate, colon and breast cancers. "The more fat, the more certain animal tumors grow," he says. But does the corollary also apply? Might a low-fat diet retard human tumor growth? Dr. Nixon is conducting several clinical studies to try to find out. Ms. Howard is participating in one such study. The study participants, all breast-cancer patients, have been divided into two groups: one group, which includes Ms. Howard, is eating a diet including no more than 15 percent fat calories a day. The second group, a con-

trol group, eats normally. (U.S. dietary guidelines recommend no more than 30 percent fat calories a day.) Dr. Nixon is tracking the disease course of both groups, theorizing that the lower the fat intake, the better the cancer prognosis.

"I figured if nutrition can make cancer worse, maybe we can manipulate what we eat and make it better," Dr. Nixon says. He provides regular physicals and breast exams for study participants, works closely with them on their diets, measures their metabolism and checks their medication. He encourages participants to exercise regularly (he suggests walking), but that factor isn't included in the study.

Ms. Howard has lost 10 pounds since joining the study in September 1995. Early in the study, Dr. Nixon found a second lump in her breast, which turned out to be benign. Currently, she is cancer-free and reveling in her new lifestyle. "Oh, I cheat once in a while," she acknowledges cheerfully. "I might have a cookie occasionally. But I've made some big changes. I try to bake, broil or boil everything and fry as little as possible. Last night, we had salmon stew for dinner."

As Dr. Nixon has found with many of his patients, Ms. Howard is less tempted by her former eating habits than she anticipated. "The conventional wisdom is that people are set in their ways and won't change," Dr. Nixon says. "It's really not true. If you've had a cancer scare, it motivates you to do whatever you can."

"Most people cook the same recipes over and over again," he says. "If you make those recipes low-fat, you've got it licked." Dr. Nixon's book includes more than 100 low-fat recipes (see *What? No Chocolate Chip Cookies?!*). "Fat becomes sort of repulsive-tasting to you once you get used to not eating it," he says.

Ms. Howard concurs, though she reserves some credit for her success to Dr. Nixon's encouragement. "He's the best doctor I've got," she says. "He's so sweet; he never gets ruffled. He's very approachable and easy to talk to. I feel like if I ever had a problem, I could talk it out with him. I believe in the program. His heart is really in it."

Dr. Nixon's research is far from over, but he thinks Ms. Howard's success will be mirrored by that of other cancer patients who lower their fat intake. In fact, science is only just beginning to uncover the health repercussions of America's high-fat diet, he says. He thinks the average American consumes far more calories, particularly fat calories, than necessary and that the excess may spur all cells into overdrive—including malignant ones that might otherwise have failed to multiply.

"What intrigues me is that if you underfeed animals, they live longer and they seem resistant to malignancies," Dr. Nixon says. "There's even a relationship between tallness and malignancies." Once malignant cells begin to multiply, they seem to insidiously hog the body's nutrients, starving healthy cells in the process and leaving many cancer patients malnourished even if they increase their food intake.

The human body was never meant for a westernized diet, Dr. Nixon notes. "We've messed nature up," he says. "We're programmed to eat fruits, vegetables and grains. Now, we're sedentary meat-eaters. We're just crossing up our genes that way. We didn't have these kinds of cancers in the mid-1800s like we do now. The rapid rise came after the Civil War and industrialization."

Of course, medicine also began improving dramatically around the same time—but in a somewhat over-optimistic direction, Dr. Nixon feels. "We hoped that technology could fix anything. We had faith that a pill was going to take care of everything, and it turned out that wasn't right. Now we're going back to the basics."

But rather than being sobered by the limitations of science, Dr. Nixon is exhilarated by the abilities of the body—and of individuals' power to maximize its potential. "A lot of our health is up to us," he says. "We don't have to have all these cancer problems."

Dr. Nixon is waging his war on cancer on several fronts. He is a consultant and former Vice President, Detection and Treatment, of the American Cancer Society and editor-in-chief of the journal, *Cancer Prevention*. He also is working with Clemson University to eventually produce plants genetically altered to maximize their cancer-fighting potential and minimize any health risks.

But he derives his greatest satisfaction from his patients. "It's fun working in prevention, trying to keep people well," he says. "You need to have fun in what you're doing. I can't think of anything more fun than this."

Since the publication of his book, cancer patients worldwide have sought Dr. Nixon's advice. Although his heart breaks when they are beyond help, he feels that people are in a better position than ever to stack the odds of good health in their favor. "I have enough faith in human nature to think we will take advantage of good, hard data," he says. "Cancer patients want to fight back. That's really the message of my book: Help your doctor and nurse to help yourself."

—CHRISTINE HURLEY DERISO

What? No Chocolate Chip Cookies?!

Editor's note: *MCG Today* editor Christine Hurley Deriso, who has held firmly to her belief throughout the years that a low-fat diet means forgoing the whipped cream on pecan pie, was humbled enough by Dr. Nixon's research to earnestly attempt to change her lard-laden ways. She turned to the recipes section of his book and put several to the test. Were they tasty enough to convert her to a low-fat diet? Read on.

The first thing I noticed upon perusing the recipes in Dr. Nixon's book was a glaring omission that I assumed could only be a printing error. No recipe was listed for chocolate chip cookies. I know, I know, it's a low-fat cookbook. But no recipe for chocolate chip cookies? Not even a slimmed-down version? This collection of recipes, I decided, was going to be no fun at all.

But once I actually prepared some of the book's recipes, compiled by Chef Mark Erickson, I was surprised beyond my wildest expectations. Chocolate chip cookies notwithstanding, the recipes require virtually no sacrifice. If you're the type who considers eating an event, this book will not disappoint.

Take the Fresh Potato Salad (page 329), for example. If you think this dish is acceptable only when swimming in mayonnaise, think again. Chef Erickson's combination of Dijon mustard, olive oil, red wine vinegar and chicken broth trans-

forms red potatoes into a slightly tangy, light-tasting treat that tastes hearty without dropping to the pit of your stomach like lead.

If you can't imagine a hamburger that isn't dripping with grease, try Grain Burgers (page 294). Bulger wheat and tofu may not look particularly appetizing on paper, but when combined with peanut butter, bread crumbs and spices, the end result is moist, delicious and worthy of the most discriminating fast-food taste buds.

The orange muffins (page 341) prove definitively that fat is dispensable in even the most extravagant pig-out foods. Non-fat yogurt, skim milk and buttermilk (surprisingly low-fat) replace weightier counterparts such as sour cream and whole milk, and I promise, the low-fat version's even better.

And even with the omission of chocolate chip cookies, who can fault a low-fat cookbook that includes a recipe for Warm Brownie Cake (page 354)? No, your eyes aren't deceiving you: the recipe really does call for prune puree. But watch the kids gobble up the brownies and defy them to pinpoint the ingredient that makes them so rich.

The book also includes cooking tips, sauce recipes and a crash course into the world of herbs and spices, the secret weapon of great-tasting, low-fat dishes.

And it really is true: once you get used to eating the healthy stuff, fattier versions start tasting positively piggy.

AlumNews



Alumni Honored During Homecoming

Six Medical College of Georgia alumni were honored during the university's 1996 homecoming celebration May 2-5.

Lynda Thomas Goodfellow, instructor and Director of Clinical Education for the Georgia State University Department of Cardiorespiratory Care Services, has been named Distinguished Alumna by the MCG School of Allied Health Sciences Alumni Association.

Ms. Goodfellow, a 1982 graduate of the Department of Respiratory Therapy, is a Past President of the Georgia Society for Respiratory Care and a member of the National Board for Respiratory Care Panel of Consultants for the written Registered Respiratory Therapist exam.

The School of Dentistry Alumni Association presented its Distinguished Alumnus Award to Dr. David J. Dickey, an Augusta endodontist and Assistant Professor at the MCG School of Dentistry.

Dr. Dickey, a 1978 graduate of the MCG School of Dentistry, earned a certificate in endodontics from the Louisiana State University Dental School and began his Augusta practice in 1981. He is a member of the MCG School of Dentistry Alumni Advisory Board and Eastern District Chairman of the Georgia Dental Association Non-Dues Revenue Committee. He has lectured extensively about his pioneering use of the microscope

in endodontics.

Dr. Dean P. Edwards, Associate Professor of Pathology at the University of Colorado Health Sciences Center, has been named Distinguished Alumnus by the MCG School of Graduate Studies Alumni Association.

Dr. Edwards, who earned his Ph.D. in endocrinology from MCG in 1976, has extensively researched the role of estrogens in breast cancer. He is a member of the Endocrine Society, the American Association for Cancer Research and the American Association for the Advancement of Science.

The Alumni Association of the School of Medicine of the Medical College of Georgia Inc. presented its Distinguished Alumnus Award for Loyalty to Dr. J. Harold Harrison and its Distinguished Alumnus Award for Professional Achievement to Dr. Frank C. Wilson.

Dr. Harrison, a 1948 graduate of the MCG School of Medicine, is Chief of the Section of Vascular Surgery at Saint Joseph's Hospital in Atlanta and Chief of the hospital's Department of Surgery. He also is an Associate in Surgery for Emory University School of Medicine. Dr. Harrison is President of the Atlanta Vascular Society, Past President of the Alumni Association of the School of Medicine of the Medical College of Georgia Inc. and a member of the MCG President's Club.

Dr. Wilson, a 1954 graduate of the MCG School of Medicine, is Professor and Chairman of Orthopaedics at the University of North Carolina School of Medicine at Chapel Hill. He also is Director of the school's musculoskeletal course and an instructor in its

Department of Humanities' Honors Program. He is a member of the American Medical Association, the American Association for the Advancement of Science and the American Board of Orthopaedic Surgery.

The MCG School of Nursing Alumni Association presented its E. Louise Grant Award to Dr. Linda Freeman, Professor of Nursing at the University of Louisville. Dr. Freeman earned a bachelor's degree in nursing from MCG in 1976, a master's degree in 1977 and a doctorate in nursing science from Indiana University in 1992. She helped develop the Program of Partnership between Jewish Hospital in Louisville and Hospital #122 in St. Petersburg, Russia from 1993 to 1995. Dr. Freeman won the 1995 University of Louisville Distinguished Service Award and the 1995 Sister Cities International Medical Conference VIP Volunteer Award. ■

Woodruff Grant to Help Fund Gene Regulation Lab

Christine Hurley Deriso

The Robert W. Woodruff Foundation, Inc., has authorized a \$1 million grant to the Medical College of Georgia to help fund the creation of a gene regulation laboratory.

The laboratory, a component

of the MCG Institute of Molecular Medicine and Genetics, will be housed in the nearly completed MCG Interdisciplinary Research Facility. The laboratory will enable procedures such as DNA sequencing (the process of reading genetic codes through specialized equipment) and transgenic analysis, in which a new version of a gene is used to study disease.

Genetic research has implications in virtually every area of health care, said Dr. Francis J. Tedesco, MCG President. "If we can correct [the process by which gene regulation goes awry], countless diseases will become curable," he said. "We are extremely grateful for the Woodruff Foundation's support of our research initiatives."

The MCG Institute of Molecular Medicine and Genetics is the focal point of MCG's overall research strategy, emphasizing immunogenetics, cell signaling and gene regulation, all of which are means of battling disease at the cellular level. The institute collaborates extensively with other research institutions within the University System of Georgia, the Georgia Research Alliance and businesses and industries involved in health care and biomedical sciences.

The grant from the Atlanta-based Woodruff Foundation will help fund space development, specialized equipment, furnishings and supplies for the laboratory. ■

Distinguished Alumna a Fierce Advocate for Her Field

Susan Yarborough

Teaching, research, lobbying the legislature—Lynda Thomas Goodfellow does whatever it takes to improve the field of respiratory therapy. This Forest Park, Ga., native and winner of the 1996 Distinguished Alumnus Award from the School of Allied Health Sciences has an energy and a commitment that gets things done wherever she happens to be.

Although she always wanted a career in health care, Ms. Goodfellow wasn't always sure of her direction. She investigated more than one field, but it wasn't until she looked into training in respiratory therapy that she made a commitment. She was attracted to respiratory therapy by the challenge of working with patients whose condition was critical and labile. "Respiratory difficulty sets back the whole recovery process," says Ms. Goodfellow. "You must get a patient's breathing taken care of before the heart will stabilize and the kidneys perform normally. It's a given that oxygenation must work first."

After earning her bachelor's degree in respiratory therapy from the Medical College of Georgia in 1982, Ms. Goodfellow became a staff respiratory therapist at the Medical Center of Central Georgia in Macon. It wasn't long before she was involved in training other respiratory therapists. In 1984, she became an Affiliate Clinical Instructor for the MCG Department

of Respiratory Therapy. From 1985 to 1987, she was Education Coordinator for St. Joseph's Hospital in Atlanta and from 1987 to 1990, Education Coordinator for Crawford Long Hospital of Emory University. In 1988, she became an instructor in basic and advanced cardiac life support.

Since 1990, Ms. Goodfellow has been Director of Clinical Education in the Department of Cardiopulmonary Sciences at Georgia State University, where she oversees clinical rotations for the respiratory therapy program and conducts research. She's found that matching the educational needs of 50 students with the resources of eight Atlanta-area hospitals uses all her experience in respiratory therapy education plus the management skills she learned earning her master's degree in business administration from Kennesaw College.

Ms. Goodfellow enjoys the special demands of clinical teaching. "The students ask questions I would not normally think of," she said. "They keep me asking myself why we do what we do."

At the same time, she maintains a strong and varied program in research. Her publications and presentations have ranged in topic from the clinical evaluation of mechanical ventilators to electrocardiogram interpretation to studies of job satisfaction in respiratory care.

Most recently she has collaborated on research measuring the effectiveness of metered dose inhalers for treating asthma. The study uses breath-monitoring technology to measure how much of the inhaled drug actually gets into the lung. Findings to date show that the standard drug dosage can often be insufficient to help an asthma patient's breathing. Although the prescribed dosage may be two puffs, patients may actually need



MCG President Francis J. Tedesco (second from right) with 1996 MCG Distinguished Alumni Lynda Thomas Goodfellow, Dr. Dean Edwards and Dr. J. Harold Harrison

five puffs before they start to experience relief of symptoms.

Always concerned for improving her knowledge and that of her students and for promoting high standards in her field, Ms. Goodfellow has been a very active member of professional societies. From 1989 to 1993, she was a member of the House of Delegates of the American Association for Respiratory Care, serving as Chairman of the Scrutinizing Committee in 1992. Since 1992, she has been a member of the Panel of Consultants for the National Board for Respiratory Care.

However, it is her service with the Georgia Society for Respiratory Care that will have a long-lasting influence on respiratory therapy in Georgia. As President of the society in 1993, Ms. Goodfellow shepherded the Respiratory Care Practices Act through the Georgia Legislature. The act establishes a level of education and skill required for a respiratory therapist to become licensed to practice in Georgia. Under her direction and leadership, the bill was unanimously passed by both the Georgia House of Representative and the Senate in one legislative session. Gov. Zell Miller signed the Respiratory Care Practices Act in April 1993.

Her involvement in teaching and research convinced Ms. Goodfellow that respiratory therapists should be licensed. Changes in the health care system and the growing complexity of the technology

used in respiratory care demand that respiratory therapists receive a standardized education—something they weren't necessarily getting.

"Anyone could get a job in respiratory therapy if an employer was willing to hire and train them," remarked Ms. Goodfellow. Because there were no basic prerequisites, she noted, this lack of selectivity and uniformity had undesirable implications for the quality of patient care. A therapist trained on the job could not be counted on to have the same skills and information as those trained in professional programs like those at Georgia State University and MCG, she said.

In getting the licensing act passed, Ms. Goodfellow found that working in downtown Atlanta had unanticipated benefits and that trying to get a bill passed is an education in itself. "I could run to the capital every time they were going to discuss the bill," she said. "I lived how a bill becomes law, taking it through every committee in the House and Senate. You don't really understand the process if you've only heard about it in government class."

"I learned how other groups see your legislation as affecting them," she said. "But the legislators were very good once you could get them alone and talk to them one-to-one. They were very attentive and wanted to help."

"I also learned that it's okay to

have a lobbyist. You may need to have a lobbyist to get the bill out of committee. You have a lobbyist, not because of your self-interest, but because the patient's interest comes first."

Ms. Goodfellow is convinced that the licensing law can only improve patient care and prepare respiratory therapists to keep up with rapid changes in their field. "There has been a tremendous change in technology," she said. "The ventilators used now were not even designed when I was in school. They're controlled by computer microprocessors. The monitoring capabilities are great. From watching the wave forms on the screens, we can tell much sooner if an airway is narrowing because the patient is having an asthma attack or other respiratory difficulty."

About the future of respiratory therapy, Ms. Goodfellow says, "In one respect, I see us as specializing more—in the intensive care unit with very critical patients. This specialization will probably be very technical but also have more responsibility—like extracorporeal membrane oxygenation. But in another respect, I see us spreading out from acute care settings into more general areas, with more involvement in public education about lung health. We'll still be in hospitals, but we'll also be in homes and factories. With occupations that involve fumes and allergens, you'll find respiratory therapists at work sites to monitor employees' breathing."

Overall, Ms. Goodfellow has been pleased with her commitment to respiratory therapy. "I've seen a lot of good things happen—parents with preemies visiting the nursery every day and finally getting to take their babies home—patients with bad lung disease who take control of their lifestyles and environment to get control of their diseases."

When she isn't teaching, researching, or persuading the legislature, Ms. Goodfellow is enrolled in a doctoral program in education at the University of Georgia. She and her husband live in Norcross, Ga., with their three sons. ■

Physical Therapist Reflects on 40-Year Career

Susan Yarborough

When Dr. Harold G. Smith injured himself playing football in high school, he needed physical therapy to restore the range of motion in his dislocated elbow. His hospital roommate was a young man with polio. It was watching this patient and his physical therapist work together that inspired Dr. Smith to enter the field of physical therapy.

"I was most impressed by this young man's attitude and confidence," said Dr. Smith. "He demonstrated that it was possible to overcome rather severe disability and still make something of your life and be functional. I wanted to associate myself with that type of individual, and physical therapy appeared to be the best medium to accomplish that relationship."

The inspiration can only have been a true one: On March 29, Dr. Harold G. Smith retired from the Medical College of Georgia Department of Physical Therapy after more than 40 years of treating patients and more than 15 years of teaching physical therapy.

Becoming a physical therapist was not a simple task for a man in the early 1950s. As a high school senior applying to colleges, Dr. Smith found only three physical therapy programs in the country that accepted men. The physical therapy program at St. Louis University, from which he graduated in 1954, had 15 women and five men, a ratio of 3 to 1.

After finishing his bachelor's degree, Dr. Smith served in the U.S. Army Medical Corps. He became Director of Physical Therapy at Belleville Memorial Hospital in Belleville, Ill., and later at the Veterans Administration

Medical Center in Lincoln, Neb. In 1970, when he was Director of Physical Therapy at the Veterans Administration Medical Center in Albany, N.Y., Dr. Bella J. May asked him to develop the clinical education component of the newly planned physical therapy program at MCG. Dr. Smith accepted her invitation, becoming one of the department's founders.

The first physical therapy classes at MCG began in 1972, with four faculty and 20 students. For the next six years, Dr. Smith taught students and recruited hospitals and clinics to serve as clinical experience sites. Although he liked teaching, he was disappointed that it crowded out opportunities for seeing patients. In 1978, he became Director of Physical Therapy for MCG Hospital and Clinics, which took him out of the classroom but back to the patients. He still worked with students in the clinical setting, and his administrative duties allowed him to do patient care almost every day.

From 1978 to 1990, Dr. Smith combined patient care, administration and clinical teaching with service on many hospital and college committees, including the Laser Committee, the Cancer Committee and the Advisory Committee of the Departmental Interaction Group.

In 1986, the Governor asked him to fill an unexpired term on the Georgia State Board of Physical Therapy. He was appointed for two more terms and served as President of the board from 1989 to 1992.

When he returned to teaching

in 1990, Dr. Smith was ready to use his experience of the previous 12 years to benefit his students. "I was current with the profession," he said. "I had a better knowledge of administration, and through my service on the licensing board, a better knowledge of the legal setup in which we practice. I also had an appreciation of the need to be in tune with third-party payers."

The position of the physical therapist in health care has changed markedly in the past 40 years. At the time Dr. Smith received his bachelor's degree, the physical therapist was considered a technician, working mostly in hospitals and strictly under a physician's prescription. Today, however, the physical therapist is an independently functioning, problem-solving professional, who, in many states, evaluates and treats patients without a physician's referral.

Dr. Smith believes physical therapists need to publicize their field and the effectiveness of their treatments. "We need to make the medical community and the general public better aware of what physical therapy is and what it can do," he noted. "We also need research that demonstrates how we get patients to function better. Over its 75-year history, physical therapy has demonstrated empirically that it helps patients. However, the present health care environment requires that we be able to show specific scientific studies that demonstrate the functional value of physical therapy interventions." ■

MCG medical technologist Joyce Oliver presents Medical Technology Distinguished Alumna Award to Diana P. Walker during Homecoming



MCG Students Awarded Scholarships at Hinman Meeting

Carole Jones Smith

The Medical College of Georgia received five scholarships from the Thomas P. Hinman Dental Society during the 84th Annual Hinman Dental Meeting in Atlanta on March 21-24.

Two \$2,000 scholarships were awarded to one sophomore and one junior dental student. Laura Griffiths, a junior and two-time scholarship recipient from Marietta, Ga., received her undergraduate degree from the University of Georgia. Richard Bennett, a sophomore from Jesup, Ga., received his undergraduate degree from Georgia Southern University.

Margaret Buice, Julie Rowland and Adam Towne, dental hygiene students in the School of Allied Sciences, each received \$750 scholarships. Ms. Buice, of

Smryna, Ga., graduated from Georgia State University. Ms. Rowland of Marietta attended Kennesaw State College. Mr. Towne attended Louisiana State University and is from Hephzibah, Ga.

The Thomas P. Hinman Dental Society presents annual scholarships to dental and hygiene schools that exemplify quality dental education. The schools select students deemed most deserving of the awards. The conference annually attracts more than 22,000 dental professionals.

"We appreciate the continuing support of the Hinman Society," said Dr. Wallace Edwards, Associate Dean for Students and Alumni in the MCG School of Dentistry. "They enrich our institution by assisting students as well as by providing funding to support our teaching facilities." ■

Trip to Honduras Broadens Dentist's Perspective

Carole Jones Smith

Dr. Isaac Holton looked up at the endless line. They just kept coming. Unafraid of the dentist's needle, they wanted him to pull their decayed teeth—and the more the better. They knew it would be a long time before anybody else would come along.

"We had people who would want 10 or 12 teeth out. And they really needed that many, but you had to judge which cases would be worse, and treat them first. When



Dr. Isaac Holton presents School of Dentistry Alumni Association Distinguished Alumnus Award to Dr. David Dickey

we entered a town and saw how many people there were, we would have to be selective on how many teeth per patient we could pull," said Dr. Holton.

That's the situation Dr. Holton, local dentist and President of the MCG School of Dentistry Alumni Association and his wife, Joanne, encountered during their weeklong mission trip to Honduras in February.

"My wife and I talked it over and decided to join the group this year. She's a special-education teacher at A. Brian Merry School in Augusta, so plans had to be made well in advance," said Dr. Holton.

Fellow dentist Stanley Anderson ('74) invited the couple to travel with 33 people for a medical mission trip to Honduras coordinated by Grace Baptist Fellowship in Augusta. The group consisted of three ministers, three physicians, four dentists, a pharmacist, several nurses and support staff.

Flying into San Pedros, the group traveled to Yoro, their home base for the trip. They rented a Catholic convent compound. Although adequate, their accommodations were definitely not five-star.

"My wife said it was like living at camp for a week. We had very basic accommodations—bunk beds, outhouses and cold water," said Dr. Holton.

From this area, the group traveled several hours each morning to its daily work site.

"We basically worked most of the time in one-room schoolhouses. The physician would set up inside the school, and we would work outside where the lighting and air circulation was better. It was quite warm during the day," said Dr. Holton.

He said the patients were cooperative, although they were not used to treatment. Because the volunteers could not speak Spanish, the patients pointed to problems in their mouth. The most common problem was decayed teeth, mainly due to the amount of sugar in their diet and lack of fluoride in the water.

Because of unsafe water, the group carried bottled water and pre-packaged foods for snacks from home.

"We couldn't drink any of the water there at all. We had to be very careful not to eat anything that had been washed in water, so that eliminated fresh vegetables. The only fruits we could eat were those in a peel," said Dr. Holton.

A local Honduran woman cooked their breakfast and dinner. For breakfast, they had fruits and her own version of doughnuts. Rice and red beans, with no desserts, were the usual fare for dinner. The food was plain, but very good, Dr. Holton said.

Most Hondurans earn meager livings by logging or working on banana or coffee plantations.

"Some would get pine trees and use a hand saw to make one-by-fours or two-by-fours. They were very clever at it. We would see lots of farmers carrying bananas and coffee along the roads on packs or on mules," said Dr. Holton.

Their poverty touched Dr. Holton. In one home on the side of the mountain, a family with four children lived in an area smaller than a walk-in closet. On the back porch, the family drank water from an old antifreeze jug.

"This gave me a new perspective on what we have here. Life in Honduras is very simple, and it was a welcome change of pace to be in an environment



where everything is unhurried," said Dr. Holton. "One of the first things Dr. Anderson did after arriving was to take off his watch because there is no concept of time."

Dr. Holton says because so much remains to be done, he definitely would like to return.

"We rarely saw everybody who wanted to be seen," said Dr. Holton. "We would work until it got dark, and of course we would have to move on."

Although the hours were long and the work hard, Dr. Holton said it was encouraging to be with people who were interested in helping other people and that the experience taught both him and his wife how to appreciate the blessings they have at home. ■

Alum Goes for the Gold with Novel

Carole Jones Smith

Hanging precariously in the burlap bag 60 feet over the unfinished Olympic stadium, Maria knows she is going to die. Mark, her rescuer, watches as he teeters near the edge of a steel beam. Neither may survive.

Dr. Marvin Goldstein (right) greets Dr. Harold C. Slavkin, Director of the National Institute of Dental Research and guest lecturer at the 18th Annual Marvin Goldstein Lectureship held May 4 during Homecoming 1996.



Lifetime members inducted into the School of Dentistry Alumni Association during Homecoming included Drs. Wallace Edwards (from left), Norris O'Dell, Phillip Miller, Fred Padgelek and Isaac Holton.

Learn the outcome in *Broken Rings*, a murder mystery novel written by Dr. Leon Leonard, a 1982 graduate of the Medical College of Georgia School of Dentistry. The Conyers, Ga., orthodontist devised the idea several years ago as he listened to Billy Payne, Olympics Coordinator, describe the myriad details surrounding the event to his Rotary Club.

"As I listened to him talk about the billions of dollars to be spent on construction, I wondered if anyone would notice if 80 or 90 million dollars would be missed. Or with all the construction sites spread around the state, would anyone connect seemingly unrelated accidents?" said Dr. Leonard. "Of course, at that time, nobody thought Atlanta would be chosen."

But Atlanta was chosen and made Dr. Leonard's musings about possible criminal malfeasance in Olympic construction become a real possibility—and a timely plot for a novel.

Meanwhile Dr. Leonard served as Chairman of the Rockdale County Board of Education. During his 1993 tenure, controversies surrounding the school board forced him to seek an outlet.

"It was probably the most controversial time in the history of Rockdale County, and I was Chairman of the school board," said Dr. Leonard. "So I started writing as a release. I wrote between patients and during lunch hours, but I didn't tell anyone for

several months."

At first, the clandestine project was shared only with his assistant, Linda McDaniel, an avid reader, who was impressed and urged Dr. Leonard to continue. Only upon nearing completion did Dr. Leonard share the project with his wife, also a dentist.

"My biggest fear was that I was wasting my time. I did not want to squander six months for nothing. It's like going to Las Vegas; nobody likes to admit they're a gambler. But that's what this is—a huge gamble," said Dr. Leonard.

Apparently the wager paid off. *Broken Rings* is now in its second printing, published by Research Triangle Publishing Co., Fuquay-Varina, N.C. Dr. Leonard's pen name, Gibson Marrs, is a tribute to the maiden names of his mother and maternal grandmother.

The suspenseful story revolves around the Atlanta Olympic Council and its evil financier, Andrew Janis, who plans to extort millions of dollars from venue construction. During one of his first "accidents," Maria Cortez, a teen-age Cuban immigrant who is one of the main characters, becomes involved when her parents are among Janis' first victims.

Filled with familiar Atlanta-area landmarks, the book is a page-turner that the reader finds hard to put aside. It is the first of at least four novels Dr. Leonard plans to write, but he does not plan on

leaving orthodontics.

"I love working with kids. That's what makes my job special. But there's a certain element of fulfillment that writing has that fixing teeth does not," said Dr. Leonard.

A native of California, Dr. Leonard, his wife and two sons live in Mansfield, Ga. ■

Alumnus Specializing in Conscious Sedation

Dr. Harris B. Siegel ('93) has joined the dental practice of Drs. Michael Kreisberg and Alvin Siegel in Atlanta.

Dr. Siegel, who specializes in conscious sedation, has been affiliated with the University of Texas and Audie Murphy Department of Veterans Affairs hospitals in San Antonio, providing routine, emergency and operating-room care. He has completed postdoctoral certification in Advanced Education in General Dentistry and General Practice Residency, received training in oral and internal medicine and been named a Fellow in the American Association of Hospital Dentists.

"Dr. Siegel expands our ability to provide the latest treatment options in comprehensive dental care for our growing list of patients, including conscious sedation to make dental care easier for apprehensive patients," said Dr. Kreisberg. "His advanced training in internal medicine better enables him to diagnose complicated orofacial pain and associated medical disorders."

Dr. Siegel lives in Dunwoody, Ga., with his wife, Gayle Herman Siegel, and daughter Lauren. ■

Graduate Studies

Researcher Probing Drugs' Effects on Fetus

Toni Baker

The unborn baby of a pregnant woman taking street drugs such as cocaine is the direct target of those drugs, not a secondary victim, according to a researcher studying the way these drugs get to the fetus.

"The placenta is the direct target of cocaine and amphetamines," said Dr. Vadivel Ganapathy, biochemist at the Medical College of Georgia, studying the direct effect of these street drugs on the placenta, an organ that exists during pregnancy to supply a fetus with nutrients and oxygen.

The premature birth of tiny babies who have heart problems

or other birth defects often results from mothers-to-be taking cocaine and similar street drugs. The baby's problems were believed to be the indirect result of the drugs, which circulated in the pregnant woman's bloodstream constricting her blood vessels, raising her blood pressure and increasing her heart rate and so also restricting the flow of nutrients and oxygen to the baby.

But MCG researchers found that two of the three pathways these drugs take to the pregnant woman's brain also exist in the placenta; the exception is the so-called "pleasure" pathway of the neurotransmitter, dopamine, which results in users feeling elated and eventually addicted.

"We now know the drugs act on the fetal brain the way they act on the mother's brain, increasing fetal blood pressure rates and potentially causing heart problems in the fetus just like in the mother," Dr. Ganapathy said of his 1993 findings. Protective transport mechanisms designed to regulate levels of these vasoconstrictors

appear to be blocked in the mother and fetus by drugs such as cocaine and its smokable form, crack, which has increased this drug's popularity in recent years.

In addition to dopamine, these street drugs act on the transport system of the neurotransmitters, serotonin and norepinephrine, both powerful vasoconstrictors, which alleviate depression and make people feel hyper. In fact, the transport mechanism for serotonin is a target of many popular antidepressants such as Prozac, Dr. Ganapathy said.

"When cocaine comes in, it blocks the effect of the serotonin transporter and norepinephrine transporter. Normally these two vaso-active compounds are taken up by these transport systems and thrown away. [Instead] serotonin and norepinephrine levels go up." Uterine blood pressure goes up, putting pressure on the uterine artery which supplies the baby with oxygen and nutrients. "When blood flow decreases, the fetus doesn't get the nutrients he needs, so he suffers," Dr. Ganapathy said.

The placenta has a protective mechanism so that everything in the mother's bloodstream doesn't necessarily get to the fetus. "There has to be a specific mechanism for something to get from mother to baby," Dr. Ganapathy said.

The brush border membrane, which is on the mother's side of the placenta, has specific transport proteins that recognize items, such as nutrients or vitamins, take them up and pass them to the fetus. The membrane contains hundreds of these proteins for substances the baby needs. Although he's not certain why the baby would need them, Dr. Ganapathy has identified transport proteins for serotonin and norepinephrine in this membrane and theorizes that the membrane on the fetus' side, called the basal membrane, has them as well.

"The fact that the proteins [or transport systems] are found in the placenta is puzzling," the researcher said. "But the moment



School of Graduate Studies Distinguished Alumnus Dr. Dean Edwards delivers Homecoming lecture.

you block it, it causes a problem. So it shows it has a normal function. And it may be that the normal function is helping keep blood pressures low and blood flow high.

"Serotonin and norepinephrine transporters play, we think, a very important role in maintaining the blood flow to the placenta," Dr. Ganapathy said, by keeping the two powerful vasoconstrictors from floating around in high concentrations.

In work funded by the National Institutes of Health, Dr. Ganapathy also is exploring the similarity between the effects of cocaine and similar drugs on the fetus and preeclampsia, or pregnancy-induced hypertension.

"When you look at the clinical signs, they are exactly the same," he said. "One of the hypotheses we are testing is that there is a defect in the serotonin transport system [in preeclampsia]. The transport system doesn't function normally, not because cocaine is around, but something is wrong," said Dr. Ganapathy, who noted about an 80 percent reduction in the serotonin transport activity in the preeclamptic placenta compared to normal. ■

School of Graduate Studies 1996 Distinguished Alumnus Dr. Dean Edwards chats with former Dean Lowell Greenbaum during Homecoming



Medical Illustration Students Receive Scholarships

Susan Yarborough

All seven second-year graduate students in the Medical College of Georgia Department of Medical Illustration have received scholarship awards from the Vesalius Trust for projects related to their master's theses.

The Vesalius Trust is the non-profit, educational arm of the Association of Medical Illustrators. Named for Andreas Vesalius, the 16th-century physician who wrote and illustrated the first comprehensive textbook of anatomy, the trust funds scholarship awards and educational programs and projects related to biomedical communications.

The trust awards \$8,000 in scholarships annually. This year, MCG students received more than half the funds awarded and ranked highest, as a group, among all participating accredited programs. Applications were judged on the basis of merit, academic standing and a written statement describing a project's benefit to medical education.

The MCG scholarship recipients and their projects are: Melissa Garland, "Cell Migration: Cytoskeletal/Surface Receptor/Extracellular Matrix Interaction;" Stephanie L. Goodson, "A Computer Interactive Tutorial Educating the Total Hip Arthroplasty Patient in the Surgical Procedure and Post-Operative Protocol;" Terry J. Helms, "Endocrine Regulation of Calcium Content in Bone;" Charles Wesley Price, "The Developing Heart: Looping, Convergence, Wedging;" Lisa Rabun-Spivey, "The Skin Cancer Kiosk: An Interactive Tool for Patient Education;" Hans Joerge

Schuetze, "The Septation of the Embryonic Human Heart: An Interactive Tutorial;" and Joanna Wild, "An Interactive Tutorial to Aid in Identification of Normal and Pathological Anatomy of the Lower Respiratory Tract Using a New Higher Resolution Digital Bronchoscope."

Dr. Mahesh Honored for Work in Reproductive Biology

Christine Hurley Deriso

Dr. Virendra B. Mahesh, Regents Professor and Chairman of the Medical College of Georgia Department of Physiology and Endocrinology, has received the 1996 Carl G. Hartman Award from the Society for the Study of Reproduction to honor his achievements in reproductive biology.

The award will be presented at the society's 29th annual meeting July 27-30 in Ontario, Canada.



Pete Kwiatkowski (from left), Hugh Smith and Cameron Shropshire enjoy Homecoming golf tournament

Dr. Mahesh, who earned a Ph.D. in organic chemistry from the University of Delhi in India and a Ph.D. in biological sciences from Oxford University in England, joined the MCG faculty in 1959. Early in his career, he developed new methods to measure steroid hormones and their metaboloids in blood and urine, which led to treatments for conditions such as excessive hair growth in women and overly large ovaries.

In 1965, Dr. Mahesh initiated the first Ph.D. endocrinology program in the United States at MCG.

He has published more than 350 papers in scientific journals relating to reproductive biology and endocrinology, adding

significantly to the body of knowledge associated with fertility and ovarian disease. His work has been funded continuously by the National Institutes of Health for almost 40 years.

"Dr. Mahesh has for the last 40 years devoted his life to advancing the field of reproductive biology. His contributions are truly singular and remarkable," said Dr. Eugene D. Albrecht, Director of the Center for Studies in Reproduction at the University of Maryland, in nominating Dr. Mahesh for the award. "[His contributions] to the field of reproductive biology as a researcher, teacher and scholar have been outstanding by any measure."

Guests look at poster presentations during Graduate Student Research Day



Alum's Obstetric Collection a Link to the Past

Christine Hurley Deriso

Don't be alarmed if you walk into Dr. Edwin H. Lynch's office and notice such dubious tonics as smelling salts, Coca Cola syrup and a potent combination of alcohol, opium and chloroform. He doesn't prescribe this stuff, he just collects it.

Dr. Lynch ('79), an obstetrician/gynecologist in Gainesville, Ga., has been interested in medical memorabilia since his days as a medical student. "Curly (W.G.) Watson and Roy Witherington (both MCG alumni and Augusta physicians) were good friends of

mine. They knew the history of old medical instrumentation," said Dr. Lynch. His fascination with this subject—combined with interests in history and antiques—has culminated in his sizable and impressive collection of obstetric memorabilia, which he houses in his office at Lanier Obstetrics and Gynecology.

"I don't know of any other obstetric collections in the state," said Dr. Lynch, who began collecting in earnest about a year ago.

"Last year, a friend gave me an old curette. After that, I started looking. I go to antique stores and flea markets. I've just picked up odds and ends from all over the state."

He displays the items in an antique cabinet, and he loves sifting through his finds. His vast assortment of odd-shaped antique glass bottles contains ingredients that reveal a lot about how medicine was practiced 100 or so years ago. For instance, the combination of alcohol, opium and chloroform

was prescribed for fussy babies, among other patients. A bottle of McElree's Cardui, described as a female tonic, "is basically a high dose of alcohol," Dr. Lynch said. The bottle instructed women to take a couple of tablespoons every couple of hours, or more as needed. A bottle of "healing oil" doesn't specify its ingredients, but it promises to relieve every skin problem from burns to "fish wounds." The Coca Cola syrup was prescribed for nausea during pregnancy, and Lydia Pinkham's herbal tablets supposedly combated menopause symptoms and menstrual disorders.

Dr. Lynch's collection also includes a cast-iron dental/medical chair, catgut sutures, kerosene vaporizer, syringe case, forceps, urine specimen bottle and thermometer, all at least 50 years old. His favorite item is a midwifery bag his wife, Ginger, bought him as a Christmas present. The leather bag includes the 1951 certificate of its owner, a surgical mask, sponge, silver nitrate for newborns' eyes, badge, scissors, needle holders and a draw-string bag in which to weigh newborns. The certificate listed criteria for midwives, including a two-week course to

learn their craft.

Ginger, an obstetrical nurse who teaches Lamaze classes, gets almost as excited about the memorabilia as her husband. The two never miss an opportunity to go antiquing when traveling. They recently scoured New Orleans, the site of a medical convention. Dr. Lynch also kept his eye peeled for memorabilia during a medical mission last year in Africa. He plans a mission in India this year. But most of the collection comes from closer to home. "Augusta is just a wonderful town for antiques and artifacts," Dr. Lynch said.

Most of the pieces are inexpensive, but they're priceless to Dr. Lynch, and he's not interested in selling them to other collectors. Coincidentally, his partners at Lanier Obstetrics and Gynecology—Drs. James Bauerband, Roger Martin, Kent Miller and Wendell Turner—also collect memorabilia. "It's always fun to discover something unique," Dr. Lynch said. ■

Dr. Payne, Founding Hospital Director, Dies at 86

Toni Baker

Dr. Rufus F. Payne, Professor of Medicine Emeritus and founding Medical Director for the former Eugene Talmadge Memorial Hospital, died Feb. 18 at MCG Hospital. He was 86.

Dr. Payne was a 1933 graduate of the Medical College of Georgia School of Medicine. He completed an internship at Baroness Erlanger Hospital in Chattanooga, Tenn., and a master of public health degree from Johns Hopkins School of Public Health in 1939.

Dr. Payne became Superintendent of the Georgia State

Former MCG School of Medicine Dean Gregory Eastwood speaks during unveiling of his portrait at the MCG Homecoming Dean's Reception





Alumni visit during Homecoming Dean's Reception at Old Medical College

Tuberculosis Hospital in Alto, Ga., in 1945. Near the close of World War II, Dr. Payne, a pioneer in surgical and medical treatment for tuberculosis, also helped the state of Georgia transform Battey General Army Hospital in Rome, Ga., to Battey State Tuberculosis Hospital.

Dr. Payne helped establish a residency training program in thoracic surgery in 1946 at MCG. In 1952, he spearheaded final

planning and construction of Talmadge Hospital, today called the Medical College of Georgia Hospital and Clinics. The hospital opened in 1956. He served as Medical Director for 10 years and as Director of Hospital Research and Development for five years. He retired in 1971. Dr. Payne also served as Director of Tuberculosis Control for the Richmond County Health Department from 1952 to 1992.

His numerous awards include the Georgia Public Health Association's and the Georgia Department of Human Resources' 1995 Sellers-McCroan Award for outstanding achievement and service to Georgia public health, the 1993 MCG Postgraduate Pathology Symposium Award and the 1989 MCG School of Medicine Alumni Association's Distinguished Alumnus Award.

He was a member of the Alpha Omega Alpha Honorary Medical Fraternity, the Richmond County Medical Society, the Medical Association of Georgia, the American Medical Association and a lifetime member of the MCG School of Medicine Alumni Association. He was a member and elder of Reid Memorial Presbyterian Church.

Survivors include daughters Patricia Payne White and Penelope Payne Hughes; a son, Dr. Peter Michael Payne; 10 grandchildren and seven great grandchildren. ■

Dr. Roy Witherington (right) presents Distinguished Alumnus Award to Dr. J. Harold Harrison during Homecoming



Dr. Richards Accepted for Fellowship

Dr. Chesley L. Richards, Chief of the Section of General Internal Medicine at the Medical College of Georgia, has been accepted for a two-year fellowship in cancer prevention and control at the University of North Carolina's Lineberger Comprehensive Cancer Center.

Dr. Richards begins his fellowship in Chapel Hill, N.C., July 1.

He completed a residency and chief residency in internal medicine at MCG before joining the faculty in 1991. ■

LaGrange College Honors Alumnus

Dr. Todd Whitsitt ('84), a cardiologist at Fort Collins Heart Clinic in LaGrange, Ga., has been named one of 10 outstanding alumni of LaGrange College for 1995-96.

Dr. Whitsitt graduated from LaGrange College in 1980 with a bachelor's degree in chemistry and biology. After completing his medical degree at MCG, he studied internal medicine at Dwight David Eisenhower Army Medical Center and completed his residency in cardiology at Fitzsimons Army Medical Center in 1989.

He is a Fellow of the American College of Physicians and President of the Larimer County chapter of the American Heart Association. He was named Outstanding Teacher of the Fort Collins Family Medicine Residency in 1995.

He and wife Sonia have two children, Travis, 10 and Jacob, 6. ■

Ms. Till Named Associate Director

Toni Baker

Alice H. Till, Director of the Medical/Surgical Nursing Division of the Medical College of Georgia Hospital and Clinics, has been named Associate Hospital Director for Patient Care Services and Chief Nursing Officer for the Hospital and Clinics.

Mrs. Till, who has worked at MCG Hospital and Clinics in nursing management for nearly 25 years, has served as Acting Hospital Director for Patient Care Services since March 1995. She has served as Interim Assistant Dean for Clinical Activities in the MCG School of Nursing since April 1995.

"Alice is a true professional, a person of ability, dedication and compassion," said Patricia Findling-Sodomka, Executive Director of MCG Hospital and Clinics. "She sets a standard for us all as we carry out the privilege of providing health care."

Mrs. Till earned her baccalaureate degree in nursing from MCG in 1976 and her master of science degree in adult nursing from MCG in 1983.

She worked as a staff nurse and Director of Nursing at Burke County Hospital in Waynesboro, Ga., from 1969 to 1971 before coming to MCG Hospital in January 1972 as a nursing supervisor. A year later she became head nurse of a general surgery nursing unit and the burn unit, remaining in that position until 1983. She then worked for two years as a surgical oncology clinical nurse specialist before

resuming work as a head nurse. In July 1989 she was named Director of Medical/Surgical Nursing. ■

Program Offers Long-Distance B.S.N.

Christine Hurley Deriso

The Medical College of Georgia School of Nursing will begin a program next fall enabling registered nurses to earn their bachelor's degrees on a fast track both in Augusta and in Barnesville, Ga.

The curriculum, consisting of three quarters of full-time study or two years of part-time study, will be taught by MCG faculty both at MCG and on the campus of Gordon College in Barnesville. Two MCG faculty will be based in Barnesville. Some classes will be taught from Gordon College and electronically transmitted to MCG students via distance-learning technology, and others will be taught from MCG and electronically transmitted to Gordon College. The degree will be from MCG.

"Gordon College contacted us and asked us to offer this service," said Dr. Katherine Nugent, Associate Dean of Undergraduate Programs for the MCG School of Nursing. "Otherwise, registered nurses wishing to earn their bachelor's degrees would have to drive to Atlanta or Macon." Barnesville is about 30 miles from Macon, 50 miles from Atlanta and 150 miles from Augusta.

"The curriculum is designed to provide registered nurses with the quickest route to the bachelor of science in nursing degree, while

assuring a high-quality educational experience," Dr. Nugent said.

Bachelor's-degree nurses, she noted, have more extensive training and therefore more career options and income potential than registered nurses. "As nursing moves to a more community-based setting, the trend is upgrading to a baccalaureate degree," she said.

Students eligible for the program must be registered nurses with a Georgia Board of Nursing license and must complete 90 quarter hours of core, non-nursing courses with at least a 3.0 grade point average on a 4.0 scale. The core can be taken at any accredited college or university. After completing 16 quarter hours of MCG nursing courses, the students will be awarded 45 quarter hours of equivalent credit for previous nursing courses. They then must complete the remaining minimum of 29 quarter hours of MCG nursing courses.

The program has been offered previously on the MCG campus but was discontinued temporarily and will resume in the fall. This is the first time the program will be offered via distance-learning. The Barnesville students will have access to MCG library resources and will have ongoing interaction with MCG faculty and students, Dr. Nugent said. Twenty students will be enrolled in the Barnesville program in the fall.

"We really think this is going to be a model program for the state," Dr. Nugent said. "The Barnesville community is very excited to have us." ■

3 Pass Board Examinations

Dr. Martha Tingen and Caroline diDonato-Gonzalez, Assistant Professors in the Department of Adult Nursing, have passed the American Nurses Association Primary Care national

board examination for adult nurse practitioners. This certification is required to practice as a nurse practitioner in Georgia.

Patricia Moss, Assistant Professor in the Department of Adult Nursing, has passed the American Nurses Association Clinical Nurse Specialist for Psychiatric Nursing examination. This certification is required to practice as a psychiatric clinical nurse specialist in Georgia. ■

Local Nursing Students Win 3 Awards

The Augusta chapter of the Georgia Association of Nursing Students won three awards, including Chapter of the Year, during the association's annual convention Jan. 25-27 in Augusta.

The chapter also won the "Breakthrough to Nursing" Award for its project working closely with students at Augusta's Lucy Laney High School encouraging them to consider nursing as a career. The chapter's adviser, Beverly George-Gay, won the Advisor of the Year Award. Ms. Gay is an instructor in the Medical College of Georgia School of Nursing Department of Adult Nursing. ■

Nursing Student Named to Board

Vannette Jones, a junior in the Medical College of Georgia School of Nursing, has been elected to the board of the National Student Nurses Association. Ms. Jones, a Hephzibah, Ga., resident, will serve a one-year

term as Director of the association's "Breakthrough to Nursing" program, focusing on recruiting and retaining nursing students, particularly minorities.

The National Student Nurses Association has more than 40,000 members. ■

MCG Providing School Nurse for Jefferson High

Christine Hurley Deriso

The Medical College of Georgia has begun providing twice-weekly nursing services to the students and faculty of Jefferson High School in Jefferson County, Ga.

Two nurse practitioners, both faculty members in the MCG School of Nursing, each spend a weekday providing primary and preventive health care at the school, located about 50 miles south of Augusta. The services include screenings for vision, hearing, scoliosis and hypertension; treatment of non-emergency illnesses and injuries; and lectures and workshops about wellness and health care careers. The nurses' salaries are funded by the MCG School of Nursing; Jefferson High School has a suite of offices to house the service.

The collaboration is a means of bolstering the health care of Jefferson County, one of the most economically disadvantaged county in the state, according to Dr. Barbara Woodring, Chairman of the MCG School of Nursing Department of Parent-Child Nursing. Before MCG implemented the nursing service in January, Jefferson High School had no nurse. The school has about 1,000 students and about 100 employees.

The MCG School of Nursing



School of Nursing Alumni Association President Gene Murdock presents E. Louise Grant Distinguished Alumna Award to Sue Bruno, accepting on behalf of Dr. Linda Freeman

also spearheads several other health care efforts in Jefferson County, including a prenatal center, as part of its Rural Health Outreach Program, a means of reaching medically underserved Georgians. "There was already that

link, so this just seemed a logical extension," said Dr. Woodring. "And of course, the school is rural and in need [of a school nurse], so we had a very open door."

The initial task of the nurse practitioners who staff the office

has been to assess the school's needs. "I think the needs are so great that they would love for us to do everything or anything," said Judy Salzer, who staffs the office on Wednesdays. "We've been trying to prioritize."

Two immediate priorities include creating a health record database for the school and providing services for its disabled students. "They need very specialized care, and there has been no nurse to give it," said Dr. Barbara S. Kiernan, who staffs the office on Thursdays.

The nurses also provide first-aid services but stress that more serious health problems, including those identified during screenings, are referred to local health care providers.

The nurses plan to form a student advisory board and to interact with the school's Parent-Teacher Association.

The service also will enable educational and research opportunities for MCG nursing students and faculty, Dr. Woodring said, noting that the students can participate in the program for clinical experience. ■

Students and alumni enjoy Student Government Association Homecoming cookout at Alumni Center



More than 500 alumni attended MCG's
1996 Homecoming celebration May 2-5

Homecoming 1996



*Emeritus Club of the Alumni Association
of the School of Medicine of the Medical
College of Georgia Inc.*



*Alumni enjoy Homecoming dance at Radisson
Riverfront Hotel ballroom.*

Homecoming 1996

School of Medicine Class Reunions



Class of 1946



Class of 1951



Class of 1956

Homecoming 1996

School of Medicine Class Reunions



Class of 1961



Class of 1966



Class of 1976

Homecoming 1996

School of Medicine Class Reunions



Class of 1981



Class of 1991



Class of 1986

8 MCG Specialties Rank First in State

The Medical College of Georgia Hospital and Clinics delivers the best care in the state in eight medical specialties, according to *U.S. News and World Report*.

The national news magazine reviewed the specialty services of more than 1,000 hospitals from every state in the nation and 10 metropolitan areas. The rankings were published in America's Best Hospitals, compiled by the editors of the magazine in conjunction with the National Opinion Research Center at the University of Chicago.

Sixteen specialties were ranked in Georgia. The specialties in which MCG ranks first in the state are AIDS, cancer, endocrinology, geriatrics, gynecology, neurology, orthopedics and otolaryngology. MCG ranks second in the specialties of gastroenterology, rheumatology and urology; Atlanta's Emory University Hospital ranks first in those areas, according to the survey.

"The showing of the Medical College of Georgia Hospital and Clinics in this survey is evidence of the growing recognition of our outstanding reputation as a health care provider not only in Georgia and the Southeast, but the nation as a whole," said Patricia Findling-Sodomka, Executive Director of the hospital.

Class Notes

School of Allied Health Sciences

Eileen Schweers Ray (PT, '87) and her husband, Dr. Roger A. Ray (a 1988 graduate of the MCG neurology residency program) joyfully announce the birth of their daughter, Catherine Virginia ("Cassie") born Feb. 22, 1996. She weighed 8 pounds and 2 ounces. Roger practices neurology in Anderson,

AlumNews

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S.C., and is Chief of Staff at Anderson Area Medical Center. Eileen is on maternity leave from her job as physical therapist at Anderson Area Medical Center.

School of Dentistry

Dr. Shellie Louis Jr. ('78) was elected mayor of Stillmore, Ga., Nov. 7. Dr. Louis practices dentistry in Swainsboro, Ga. He and wife Pecola have two children, Shellie, 10, and Tina, a student at Georgia Southern University.

School of Medicine

Dr. W. Graham Wood ('67), Clinical Assistant Professor in the University of Southern California in Los Angeles Division of Plastic Surgery and Director of the Corona del Mar Plastic Surgery Center, presented two abstracts, "The Negative Side of Laser Blepharoplasty Procedures" and "Upper Lateral Cartilage Hinge-Spreader Graft for Nasal Valve Reconstruction" at the 1996 Scientific Program for the American Society for Aesthetic Plastic Surgery in Orlando, Fla., April 30 through May 3.

Dr. John B. Hill Jr. ('68), Athens, Ga., is the 1996 President of the Georgia Ob-Gyn Society.

Dr. Amelia Anne Alderman ('81), Macon, Ga., has been awarded the Certificate of Added Qualifications in Geriatric Psychiatry by the American Board of Psychiatry and Neurology. Dr. Alderman has a private psychiatry practice and is a Diplomate of the American Board of Psychiatry and Neurology with Certificates of Added Qualifications in Addiction Psychiatry. She is certified in addiction medicine by the American Society of Addiction Medicine and was recently included in the International *Who's Who of Medicine, Second Edition*, 1995. She and husband Albert B. Gill have two children, Adrian, 5, and Alison, 2.

Dr. Michael P. Macris ('84), Houston, Tx., is an Assistant Professor of thoracic and cardiovascular surgery at the University of Texas Medical School-Houston and Associate Director of the Cardiac Research Lab at Texas Heart Institute. He recently co-authored the textbook, *The Support and Replacement of the Failing Heart*.

Dr. Kimberly Ann Collins ('89), Deputy Chief Medical Examiner and Instructor of Forensic Pathology at the Medical University of South Carolina in Charleston, has been appointed

Deadline for submitting information for publication in the fall issue of AlumNews is August 13, 1996

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree

Class year

Street address

City

State

Zip

☐ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

to the College of American Pathologists' Autopsy Committee and Strategic Planning Committee. She has previously served on the college's Forensic Committee, Finance Committee and Environment, Health and Safety Committee. She is past Chairman of the Residents' Forum and served as a delegate to the American Medical Association Resident Physicians Section. She is board certified in anatomic and clinical pathology.

Navy Lt. Robert W. Schuyler ('93) recently participated in a combined exercise with Russian naval forces in the Mediterranean Sea. Lt. Schuyler is one of more than 900 sailors and marines serving aboard the dock landing ship USS Tortuga who rendezvoused with a group of Russian warships at anchor off the North African coast of Tunisia. During the exercise, Russian and U.S. Navy sailors observed the capabilities of U.S. Navy assault hovercraft assigned to Lt. Schuyler's ship.

Obituaries

Dr. John Edward Pollock Jr. ('61), a general

practitioner in Washington, Ga., died Feb. 7 at age 65. Dr. Pollock was a veteran of the Korean War, a director on the Wilkes County Board of Health and a member of the Hospital Authority for Wilkes County. He was a former Washington city councilman and a member of the Southern Medical Association, the Medical Association of Georgia and the Wilkes County Medical Society. Survivors include his wife, Lynda Veazy Pollock, sons Douglas and Gary, daughter Linda Talbert, stepdaughter Anna Hogan and four grandchildren.

Dr. Fayette Monroe McElhannon Sr. ('51), a retired surgeon in Athens, Ga., died Oct. 29, 1995, at age 78.

Dr. William Greer (Bill) Scoggins ('71), Bradenton, Fla., died Dec. 6, 1995 at age 51. Dr. Scoggins ran the Lung Center with three other doctors. A native of Commerce, Ga., Dr. Scoggins was a member of the American College of Physicians, the American Lung Association and the American Thoracic Society. He is survived by wife Pam and sons Greer and Lee.

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Tax-Free Insured Intermediate	★★★★★	★★★★★	—	—
Tax-Free Income	★★★	★★★★	★★★	★★
Tax-Free High Yield	★★★★★	★★★★★	★★★★★	★★★★★
California Bond	★★★★	★★★★★	★★★★	—
Florida Insured Intermediate	★★★★	★★★★	—	—
Georgia Bond	★★★★	★★★★	—	—
Maryland Bond	★★★★	★★★★★	★★★★	—
Maryland Short	★★★★	★★★★	—	—
New Jersey Bond	★★★★	★★★★	—	—
New York Bond	★★★★	★★★★	★★★★	—
Virginia Bond	★★★★	★★★★	—	—

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Picking Up the Pieces

Les Kilduff is excited. He's going home—home to Connecticut, so he can see his mother and sister. He gets up, packs his clothes and heads for his car.

"Where's my car?" he asks his daughter, Donnie Beauchaine.

"Daddy, it's in the shop."

But it's not in the shop; it's been taken away from him. And his mother and sister aren't in Connecticut—they've both been dead for years. Still his car, his mother and sister are ever-present in his mind, a mind devastated by Alzheimer's disease.

In 1991, friends began to notice changes in the 81-year-old man while on a cruise. He constantly lost his keys to the stateroom. Since he loved cruises and had sailed on many liners, keeping up with the keys should have been second nature to him.

After returning home, a family friend who had been on

**Opposite: Les Kilduff and daughters
Leslie Patterson and Donnie Beauchaine**

the cruise contacted Ms. Beauchaine about her father's behavior. "We knew he had been getting a little forgetful, but we didn't know exactly what was wrong," Ms. Beauchaine said.

Dr. Lore K. Wright, Associate Professor and Chairman of the Medical College of Georgia Department of Mental Health and Psychiatric Nursing, explained, "This is very typical because the disease progresses slowly. When you take patients out of their familiar surroundings, the illness really begins to show."

Dr. Wright is researching both victims of Alzheimer's disease and their care-givers. Her book, *Alzheimer's Disease and Marriage* (Sage Publications, 1993), provides insights for gerontologists, geriatric nurses and care-givers about the disease. Her overall findings indicate that Alzheimer's patients whose care-givers continue to emotionally connect with them seem to live longer than those whose care-givers cannot maintain that connection.

In her study, Dr. Wright tracked 60 Alzheimer's patients and their care-givers (usually spouses) to determine how the ill partners fared. Two years into the study, she found that 27 percent of the Alzheimer's patients were in nursing homes, 30 percent were deceased and 43 percent were still home. All of those still living showed markedly declined mental impairment, the chief symptom of Alzheimer's disease, after two years.

But the severity of the illness seemed less significant to the patients' well-being than the care-giver's attitude. All of the Alzheimer's patients who were still at home after two years scored high in four areas: positive, high-frequency interactions with their care-givers; their care-giver's strong commitment to the relationship; their care-giver's good health; and a relatively short period of time in which the care-giver had served in that role.

On the other hand, the patients who had died within the two-year period all scored low in those areas.

She also noted that unless care-givers are genuinely committed to their roles, they shouldn't fake it. "It's not good for either the patient or the care-giver to stay together if the care-giver is miserable," she said. "I think somebody else should take over in those cases. But we certainly can intervene much earlier in the trajectory—help the care-givers take care of themselves and offer support to them—

so they have the energy to continue to interact with their ill spouses."

Such interaction needn't be complicated or excessive. For instance, she noted one wife who patted the knee of her severely mentally impaired husband during conversations and spoke lovingly to him. "When she was talking to me, she would occasionally turn to him and say, 'Isn't that right?' even though he couldn't respond," Dr. Wright said.

But depressed, embittered or resentful care-givers may find it difficult to rise to such a challenge, she noted. Therefore, Dr. Wright wants to continue her research by reaching out to care-givers. She plans to enlist a group of Alzheimer's patients and their spouses in a study in which the care-giving spouses are called once a week and counseled by advanced-practice nurses. The calls will last about 50 minutes and will concentrate on offering emotional support, linking the spouses with available resources and giving tips on how best to interact with their ill spouses.

"This is the least-expensive, least-invasive modality," Dr. Wright said. She hopes that such support will help relieve care-givers' burdens.

Such intervention is essential, considering that an estimated 47 percent of those age 85 and older have Alzheimer's disease, she said. And the group is growing exponentially: the oldest baby boomers will be 65 in the year 2010.

"If care-givers don't take care of themselves, we'll have two patients in the end," Dr. Wright said.

Dr. Wright noted that in previous years, it was customary for only one family member to have primary care-giving responsibilities. But her study of Alzheimer's families indicated that almost 20 percent had more than one care-giver, which decreases the strain.

"Spouses and children are affected differently by a loved one's disease," said Dr. Wright. Spouses live together, so spouse care-givers spend more time on direct care-giving than do grown children. The emotional attachment, of course, is also different, and a spouse will be less likely than children to institutionalize the demented elder.

Since Mr. Kilduff's wife, Margaret, died 13 years ago of Lou Gehrig's disease, the responsibility of caring for him rested with his daughters. They realized their father needed more care and supervision, and they gave it willingly.

"My parents were wonderful to us," Ms. Beauchaine said. "I was married very young, at 17, and when I was 30, I was a widow with four children. If it had not

been for Mother and Daddy, I don't know what I would have done. They never made you ask, they always knew when to offer. They were like that with all of us."

Her younger sister, Leslie Patterson, decided to move in with her father five years ago. She, her husband, Terry, and two sons, Michael and Aaron, then 11 and 9, relocated from their South Augusta home to an apartment in the rear of her father's house. Although all of the Patterson family supported the decision, the adjustment was difficult.

"We're living in a very limited space compared to what we had," said Ms. Patterson. "But I was the most likely to move in with Daddy. Donnie has an established home and grandchildren. My older sister, Elaine, is the same way."

Mr. Kilduff was still driving then. But one day, instead of following his usual route to the S&S Cafeteria, he wandered to Broad Street, parked and went into a store. When he started to leave, his car would not start. He left for help, but then couldn't remember where he left his car.

"The Lord helped us," said Ms. Patterson. "We've been fortunate to have outside people help us keep a watch on Daddy. But we knew the time had come to take away his car."

Mr. Kilduff's physician, Dr. Martha Nichols, a neurologist and Director of Aging and Dementia Research at MCG, said taking car keys away causes a major loss of independence which is particularly hard on men. In 1994, she began treating Mr. Kilduff for memory problems which began after the death of his wife in 1983.

"Depression alone can look just like Alzheimer's disease, and the nice thing about depression is you can treat it, and patients get better," said Dr. Nichols. "After the death of his wife, problems could have been due to depression and grief before actual Alzheimer's began manifesting."

Patients with memory loss are given a head CT scan, chest X-ray and blood tests. A diagnosis of Alzheimer's is usually made by excluding other problems.

Mr. Kilduff's family chose to treat him with Cognex, the only U.S. Food and Drug Administration-approved drug designed to treat the disease itself. Cognex inhibits an enzyme that breaks down acetylcholine, a neurotransmitter, in the brain. Because Alzheimer's patients have low levels of acetylcholine, current research concentrates on methods of increasing the levels of the neurotransmitter.

"I only suggest Cognex when the patient is in mild to moderate stages of the disease," said Dr. Nichols. "The



Dr. Lore K. Wright

results are not stunning, but it has been shown to have some modest effect of improving memory or at least slowing

decline of the disease.”

Because the drug is administered four times daily, around-the-clock care-giving became necessary for Mr. Kilduff. Therefore last year, two months after he

began the medication, Ms. Beauchaine decided to start caring for her father while her sister worked.

“It was her decision to come here and stay; I didn’t ask her,” said Ms. Patterson. “But without her, we would have had to hire an outsider to come in. But with Donnie, it’s her father, so she cares how he looks, what he eats and how the house looks. She has been a Godsend.”

Mr. Kilduff’s dementia causes him not to recognize his daughters. He thinks of Ms. Beauchaine as someone who looks after him, and Ms. Patterson is “the renter out back.” He fills his days reading, packing and unpacking boxes and cutting out articles for scrapbooks. While packing toiletry items, books, radios and magazines to protect them, sometimes things like reading glasses get lost in the stash.

“It’s like an Easter-egg hunt every day,” said Ms. Beauchaine. “Now I have to hide things to keep him from hiding them.”

Usually Mr. Kilduff is very pleasant and appreciative of everything. He brightens up when his daughters come into the room. He tells them they are like angels from heaven. But his pleasant demeanor can suddenly change. Family members never know what he’s thinking or what spurs his actions. The smiling eyes can abruptly change to

glassy, wild glares.

One night he kept searching for his mother and sister. In his mind, they had gone shopping and had not returned. Nothing his daughter said seemed to reas-

sure him.

"When you see that look he his eyes, you know you are in for a treat," Ms. Patterson said wryly. "But after a while it gets aggravating when you repeat yourself over and over. You just want it to connect so bad."

About 11 p.m., she went to bed, thinking her father had calmed down. But at 1 a.m., Ms. Patterson and her husband woke up to see a policeman and her father standing over their bed. Mr. Kilduff had called the police to report his family members missing.

After she explained the situation, the policeman left, but Mr. Kilduff still was not satisfied. Finally, Ms. Patterson resorted to writing a note to her father pretending she was her mother—telling him she would return tomorrow. This sufficed for a moment, but then he became angry because his wife had left the note on the bed, not on the kitchen table. By this time, his daughter was totally exasperated.

Memory impairment can also create monetary pressures.

"I've had to put a 900-block on the telephone," said Ms. Patterson. "Daddy was calling these 'you're a million-dollar winner' numbers and I didn't know about it until I got a phone bill for \$700. But after explaining to the telephone company, they were nice enough to not make us pay it."

"Leslie and her family catch the brunt of it," said Ms. Beauchaine. "I come in every day and can leave at 5:30 or 6 p.m., but they can't."

But Ms. Patterson is concerned for her father.

"This house is my Dad's life. He may not know it's his house at the moment, but it is, and everything here has a special meaning for him. We couldn't put him in a nursing home because he would be totally miserable, and he's not ready for that yet."

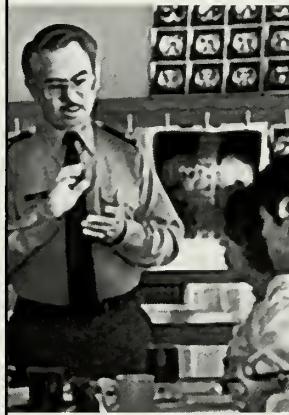
And she wishes her children had known her father as he used to be.

"I feel badly for them they never knew the person he was. They hear all the bad language because he does curse a lot when he's mad, and he accuses us of everything. He never cursed before," she said.

Mr. Kilduff came to Augusta in 1944 as the manager of Grants 5 & 10 on Broad Street. Several years later, he opened Kilduff's Variety Store, similar to a Wal-Mart. Within 13 years, his business expanded to seven stores. When Woolworth's opened in Daniel Village, Mr. Kilduff couldn't compete, so he eventually closed his business. Afterward,

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he sold advertising for WBIA Radio and WRDW-TV until he retired at age 73.

Today, though, he doesn't even recognize his daughter's children.

Ms. Beauchaine recalled a time when Aaron excitedly said, "Pop said my name!" He had never heard his grandfather call his name before. Usually, Mr. Kilduff asks the boys who they are.

Dr. Wright suggested the grandchildren work on a school project about his illness. The activity may help to build a deeper understanding of the disease, and perhaps help the grandchildren to cope with the problems they are facing.

"Usually the more active and involved a person is, the slower the progression of the disease," said Dr. Wright. "Slowing the disease process is good, but sometimes this does not ease the hurt family members feel when they remember the way the person used to be."

When the elder is confused or perhaps even accuses others of stealing things, a relative's first instinct is to help the patient clarify the situation. But Dr. Wright said this should be avoided because it leads to further confusion and even agitation. Although refraining from saying, "Don't you remember?" can require a lot of self-discipline, care-givers must remember

they hear the disease talking, not their beloved family member.

According to the Global Deterioration Scale, the illness is categorized in seven stages, with stage seven being the most severe. Categories range from forgetfulness to very severe cognitive decline, clinically defined as late dementia.

"Mr. Kilduff is in the middle to late-middle stages with moderate to severe cognitive decline," said Dr. Wright.

Dr. Wright urges care-givers to find time for themselves, or the stresses of a situation can take a toll. The local Alzheimer's Association offers day-care services, home care and support groups. Dr. Wright's research shows that women are much more reluctant to ask for help than men, and she urges them to take advantage of available resources.

Although Mr. Kilduff still looks for his mother, his sister and his car, love is one thing he is aware of and knows is real—all because of his devoted family.

Dr. Wright agrees. "He is very much aware of people being nice and kind to him. Memory-impaired people really do feel when somebody loves them or rejects them. I think how we interact with patients remains important until the very end."

—CAROLE JONES SMITH



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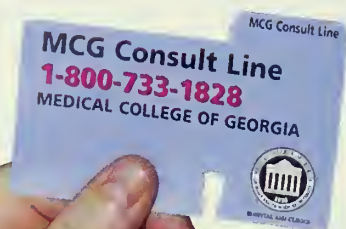
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HOSPITAL AND CLINICS



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On Top of the World

The most notable thing about the postcards that decorate Dr. David R. Haburchak's file cabinet are the offbeat messages penned on the back.

"I feel great," writes one traveler visiting Africa. "The worst I've experienced is a hangover."

Dr. Haburchak, who specializes in infectious diseases and internal medicine at the Medical College of Georgia, laughingly concedes that such a message may not be quite as conventional as commentaries about beautiful scenery. But it's just the kind of thing he loves to hear. He began the MCG Travel

Advisory Clinic in spring 1995 to help travelers hedge their bets that lost luggage (or, in some cases, hangovers) will be the biggest headaches they have to face on their trip.

The clinic, held Friday afternoons in the Ambulatory Care Center, specializes in providing health history assessments, checkups, immunizations, prevention tips and individual counseling for those traveling overseas. Travelers generally are referred to the clinic from health departments, travel agencies, family physicians, employers or word of mouth. "The concept is that we give people, in one visit, the materials, vaccinations and information they need to travel," Dr. Haburchak said.

He requests that patients contact him before an appointment to inform him of their travel destination and related information so he can provide the most targeted and pertinent data possible. In addition to his own expertise, he compiles fact sheets from the Centers for Disease Control and Prevention and the American Health Consultants about health risks in different parts of the world. He consults the Internet regularly to keep updated about emerging infections such as the Ebola virus and Mad Cow disease. "It's a much smaller world than it used to be," he said, citing the growing risk of diseases crossing geographical borders as more people travel.

Dr. Haburchak also invites his patients to contact him via phone, e-mail or fax machine while traveling to consult about any potential health issues, and he gives them health resources they can access in the area they're visiting. This is particularly important if they have chronic health problems such as diabetes.

Of the approximately 75 patients the clinic has treated since its inception, only three have had follow-up visits to be treated for a health problem contracted during their trip, "so we must be doing something right," Dr. Haburchak said.

Dr. Haburchak has traveled extensively on his own (he was in the Army for 24 years and

has visited Russia, among other sites), but the clinic has vicariously opened doors for him to virtually every patch of land on the planet. His patients have traveled to countries throughout Asia, Africa, Latin America and Europe. "It's interesting to see the variety and quantity of people in the area traveling to Third World countries," Dr. Haburchak said.

Most clinic patients are vacationers or people traveling to visit relatives. A recent patient, for instance, was an 11-year-old boy visiting India to spend the summer with his grandparents. Other patients travel for business or mission trips.

A common travel problem, even in some highly developed areas of the world, is water- and food-borne diseases such as hepatitis A, a virus for which travelers should be immunized. Even those previously immunized often require boosters. Diarrhea, the most common resulting illness of a water- and food-borne disease, usually lasts three to four days but can actually be fatal if severe dehydration results. The most important way to deal with the problem is prevention, Dr. Haburchak said. "Bring bottled water [when you travel abroad] and fill it at places where you trust the water, such as hotels," he said. "Don't trust ice or tap water. Don't buy food off the street, and get restaurant recommendations from the hotel."

Dr. Virendra Mahesh, Chairman of the Department of Physiology and Endocrinology, is from India and often visits the country. "In India, there are lots of roadside food stands—very,

very small establishments," he said. "They may not be quite up to par. I try to eat at established restaurants."

Just in case Dr. Haburchak's patients contract diarrhea despite their best efforts, he generally sends along an antibiotic to shorten the course of the illness. Travelers experiencing massive or bloody diarrhea should consult medical help immediately; their symptoms might signal a more serious problem such as cholera.

Dr. Chantrapa Bunyapen, an MCG neonatologist who travels overseas frequently, is vigilant about drinking bottled water when traveling, even in Europe. She had one bout of a gastrointestinal illness in China, but otherwise has been healthy throughout her travels. She's also careful about bringing her own medication with her. She suffers from allergies and notes that drugs can vary from country to country.

Cultural differences also can wreak havoc for travelers. For instance, Dr. Bunyapen notes that a friend was traveling in Australia when she contracted pneumonia. She quickly discovered that the health care system is dramatically different Down Under than in the United States; for instance, virtually the only doctors she could access were family practitioners. Subspecialists were unavailable. "And once she found a doctor, she had a hard time communicating," Dr. Bunyapen said.

Insect-transmitted diseases are another potential traveling hazard. The most common, malaria, "is quite common in large numbers of Third World

areas," particularly parts of Africa and India. Dr. Haburchak said. Malaria can be deadly and is becoming increasingly resistant to insecticides, so prevention is vital. Those at risk must take pills two weeks before the trip through four weeks after the trip. When taken correctly, the prophylaxis is 99 percent effective.

Yellow fever (see *When an Exotic Illness Hits Home*) also is insect-borne and is a particular risk in Africa and the Amazon area of South America, where vaccines are recommended. Insecticides are vital in areas that don't adequately control the mosquito population.

Less exotic illnesses also threaten travelers, such as upper-respiratory viruses that spread easily in planes. General malaise also can result from the diet and sleep changes that often accompany travel.

"It takes me about a week to get adjusted to the time change when I get home from an [overseas] trip," said Dr. Bunyapen. "I can't sleep, and my eating schedule is off."

Differences in climate also can be troublesome. And as Dr. Sergio E. Bustos-Valdes, a Professor in the School of Dentistry Department of Biochemistry, noted, the United States can be among the most exotic of traveling locales. Dr. Bustos-Valdes moved to the United States from Chile when he was 40, and the temperature extremes he encountered took quite a bit of getting used to.

"I come from a very mild climate," he said. "In Chile, the temperature fluctuates

from a low of about 40 to a high of about 80. Perhaps the most difficult thing for me when I moved to the United States was to play tennis in 100-degree weather. With the heat and humidity, opening a door to the outside felt like opening an oven. It was like a blast from a furnace."

The United States also can house more dangerous problems for overseas travelers; foreigners are at risk of contracting tuberculosis here, for example.

But Dr. Haburchak stressed that potential health risks shouldn't preclude travel. "People actually have a higher risk of being injured in a car accident while traveling abroad than of getting an illness," he said. "We don't go overboard; we use a rational approach. And although immunizations are expensive (averaging about \$50 each), we actually help travelers save money by making sure they don't take a lot of things they don't need."

Insurance companies usually cover such expenses. "They generally see [the clinic's services] as positive, preventive and cost-effective."

Dr. Haburchak thoroughly enjoys the broad range of health issues he deals with regularly because of the clinic. "The reason I went into infectious-disease medicine is because you can see the impact of sociology, geography, climate, custom—the broad array of things that affect health. It's such an expansive field. Travel medicine is a way to meet interesting people going to interesting places."

—CHRISTINE HURLEY DERISO



When an Exotic Disease Hits Home

Editor's note: Unfortunately, one needn't cross an ocean to encounter an exotic illness. The following excerpt from *The History of the Medical College of Georgia* by Phinizy Spalding (University of Georgia Press, 1987) details the results of a devastating outbreak of yellow fever in Augusta in 1839.



The summer of 1839 was an exceedingly dry one in Augusta. The Savannah River was so low at one point that drays and other vehicles were driven across it to the Carolina side. Henry Shultz, entrepreneur and founder of Hamburg, located across the river from Augusta, who must have been something of a wag, planted a crop of turnips in the riverbed, and they had nearly matured when finally they were flooded. Far more serious was an outbreak during the hottest part of the summer of Augusta's first yellow fever epidemic. Initially, the city authorities were reluctant to admit the nature of the illness, but soon they had no alternative. Many left town for higher ground—the nearby village of Summerville or the mountains—but others decided to wait out the siege. All told there were well over two thousand cases of fever reported, and many more may have gone uncataloged. Until stopped by a hard freeze in the fall, the disease, which was wildly misunderstood at the time, played havoc with the town. The public blamed atmospheric conditions, spoiled tropical fruit, or contagion from the infected for the long bout. Most of the informed, including some of

the physicians at the [Medical College of Georgia], gradually concentrated their attention upon an enormous trash dump near the northern part of the city that had been accumulating since 1834. Eugene Foster estimated that the dump was as large as two hundred thousand cubic feet by 1839, and that most of it was exposed because of the low water. The foul odors and noxious vapors coming from this refuse heap were thought by the professors at the College to have caused the disease. [Louis A.] Dugas was the only real dissenter; he correctly surmised that the infestation was brought into Augusta from Carolina; but he did not understand the key role of the aedes mosquito in the disease. Ministers and physicians worked night and day tending the sick and dying. As were many others, the Longstreets' house in Summerville was open to anyone who wished to take refuge there. A.B. Longstreet himself, a Methodist preacher, worked in the beleaguered city throughout the epidemic. He and Father John Barry of Holy Trinity Church, who had been only on polite speaking terms before, became close friends and even began praying together with the dying. Thus a city was brought closer in adversity.

During this scourge the Augusta physicians, headed by faculty at the Medical College, did what they could to treat the malady and alleviate the sufferings of the infected. [MCG founder] Milton Antony, characteristically, was in the forefront. There he was smitten by the disease, and on 19 September 1839, he died. ■

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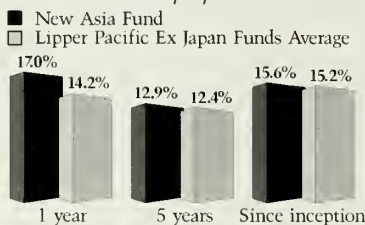
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In any market and for a variety of purposes, some investors seek to move from a growth to an income orientation. Age, family circumstances, market fear and the desire for asset protection cause individuals to abandon one strategy for another. We have all read enough *Money Magazine* and watched enough Wall Street Week to know that an investor with a long-term orientation is generally better off in equities and that as the investor's time horizon shortens, a move to a fixed income is advised.

A villain to this conversion effort is the capital gains tax. That 28 percent rake-off, which loomed in the background, now makes itself very real when the investor wants to sell a low-yielding, highly appreciated stock and purchase government bonds or utility stocks.

One solution for the individual seeking a higher-yielding return is funding a charitable remainder trust with the highly appreciated securities. The mechanics work like this: The donor creates a charitable remainder trust with the help of an attorney, often naming himself or a familiar party as the trustee. The governing agreement of the trust states an annual payout rate which cannot be less than 5 percent. This rate is currently twice the average dividend rate of growth stocks.

The trust sells the contributed assets and

reallocates the proceeds from the sale. Since the trust sells the securities and since it is an income tax-exempt entity, no capital gains tax is assessed. The trust can utilize the complete proceeds from the sale for future investment, not just the amount which would have otherwise been left after federal and state taxes.

To illustrate, a Georgia couple both age 70 own 2,500 shares of Home Depot stock worth around \$100,000. This stock was purchased in the early '90s for \$15,000. It has appreciated greatly, but only pays a dividend of \$500 a year. The owner wants to sell, but faces a \$28,900 capital tax bill (\$85,000 gain multiplied by 34 percent). The couple would be left with only \$71,100 after paying these taxes.

As an alternative, this couple might consider the benefits of a charitable trust funded with this Home Depot stock. The trust sells the assets and puts the entire \$100,000 to work with no capital gains tax to pay. The couple receives a charitable deduction of \$44,211 based on their ages and the payout rate. Paying only the minimum 5 percent payout, the couple's income goes from \$500 to \$5,000 per year.

The charitable remainder trust can be established to pay income to one person or more. Upon the death of the second donor or the determination of the trust, the remaining balance in the trust is transferred to one or charitable organizations.

The Medical College of Georgia Foundation has been named to many charitable remainder trusts. They are a source of very significant future financial resources for MCG as well as a viable alternative for individuals facing the situation of selling highly appreciated but low-yielding assets to secure a higher annual income.

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